

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RUBA OTHMAN, as special)
administrator of the Estate of)
RAMIZ OTHMAN; SUSAN ANDERSON,)
individually, and as mother and)
next friend of SURA OTHMAN, a)
minor,)
)
Plaintiffs,)
)
-vs-) No. 11 CV 5777
)
CITY OF CHICAGO, a Municipal)
Corporation; AARON CARRANZA, in)
his individual and official)
capacity; and THOMAS BEHAN,)
)
Defendants.)

The deposition of HILARY STRAWN McELLIGOTT,
MD, taken before Renee M. LaPorta, a Certified
Shorthand Reporter, pursuant to the Federal Rules
of Civil Procedure for the United States District
Courts pertaining to the taking of depositions,
at 30 North LaSalle Street, Suite 900, Chicago,
Illinois, commencing on the 5th day of June, 2013,
at the hour of 10:16 a.m.

1 **PRESENT:**

2 BRUGGEMAN, HURST & ASSOCIATES, LTD.
3 BY: MR. CHRISTOPHER S. KOCHANOWICZ
4 20012 South Wolf Road
5 Suite 200
6 Mokena, Illinois 60448
7 (708) 478-6900

8 **Appeared on behalf of the Plaintiffs;**

9 CITY OF CHICAGO
10 ASSISTANT CORPORATION COUNSEL
11 BY: MS. GAIL REICH
12 30 North LaSalle Street
13 Suite 900
14 Chicago, Illinois 60602
15 (312) 744-1975

16 **Appeared on behalf of the Defendant,**
17 **City of Chicago;**

18 CITY OF CHICAGO
19 SENIOR CORPORATION COUNSEL
20 BY: MS. BARRETT E. RUBENS
21 30 North LaSalle Street
22 Suite 900
23 Chicago, Illinois 60602
24 (312) 742-6404

Appeared on behalf of the Defendant,
 Aaron Carranza.

I N D E X

THE WITNESS

HILARY STRAWN McELLIGOTT, MD

EXAMINED BY	PAGE
Ms. Reich	5
Mr. Kochanowicz	86
Ms. Reich	115
Mr. Kochanowicz	120

EXHIBITS

No. 1	4
Group No. 2	15
Group No. 3	17
Group No. 4	112

(WHEREUPON, A DOCUMENT WAS MARKED
DR. McELLOGOTT DEPOSITION EXHIBIT
NO. 1 FOR IDENTIFICATION AS OF
6/5/13.)

(The witness was duly sworn.)

MS. REICH: Good morning, Doctor.

THE WITNESS: Good morning.

MS. REICH: My name is Gail Reich. I
represent the defendants in this matter.

If we could all identify ourselves
for the record.

MR. KOCHANOWICZ: Chris Kochanowicz for
the estate of Ramiz Othman.

MS. RUBENS: Barrett Rubens on behalf of
the defendant, Aaron Carranza, police officer.

MS. REICH: Let the record reflect that
this is the deposition of Hilary McElligott.

Did I pronounce that right?

THE WITNESS: Yes.

MS. REICH: In the matter of Othman v.
City of Chicago, Case No. 11 CV 5777 currently
pending in the U.S. District Court for the Northern
District of Illinois, Eastern Division.

This deposition is being taken by

1 subpoena -- pursuant to subpoena, rather, issued by
2 the plaintiffs in this matter and pursuant to the
3 Federal Rules of Civil Procedure.

4 HILARY STRAWN McELLIGOTT, MD,
5 called as a witness herein, having been first duly
6 sworn, was examined and testified as follows:

7 E X A M I N A T I O N

8 BY MS. REICH:

9 Q. Doctor, can you please state and spell
10 your full name for the record including middle
11 name?

12 A. My full name is Hilary Strawn McElligott;
13 first name, H-i-l-a-r-y, S-t-r-a-w-n,
14 M-c-E-l-l-i-g-o-t-t.

15 Q. Doctor, have you ever given a deposition
16 before?

17 A. Yes.

18 Q. How many times?

19 A. I believe four.

20 Q. Okay. And when was the last one that you
21 gave?

22 A. About a month ago.

23 Q. So you're familiar with the rules --

24 A. Yes.

1 Q. -- generally of giving a deposition?

2 A. Yes.

3 Q. That we hope not to talk over each other,
4 you need to give a verbal answer, and things like
5 that?

6 A. Yes.

7 Q. So obviously we're here to ask you some
8 questions about the autopsy that you performed on
9 Ramiz Othman, and that was on August 21, 2010,
10 right?

11 A. Correct. Yes.

12 Q. And if at any time you need to reference
13 your report, please feel free to do so to refresh
14 your memory.

15 A. Okay.

16 Q. Or to assist you in giving your
17 testimony, so obviously we're going to be asking
18 you some questions about that.

19 If, you know, at any time either I
20 or plaintiffs' counsel asks a question that's not
21 very clear, just let us know, and we'll rephrase it
22 for you.

23 A. Okay.

24 Q. If you need to take a break at any time,

1 let us know, et cetera, et cetera.

2 I'd like to go first through your CV
3 that you gave us.

4 A. Okay.

5 Q. I think that's been marked as Exhibit 1,
6 for the record.

7 Is this your current curriculum
8 vitae?

9 A. Yes.

10 Q. And can you just explain roughly, give a
11 history of your education for us?

12 A. Sure. I went to undergrad at Loyola
13 University here in Chicago. I graduated in 2001
14 and then attended St. Louis University of Missouri
15 for medical school where I graduated in 2005 with
16 an M.D.

17 After that, I came up here again to
18 Northwestern where I trained as a resident in
19 anatomic and clinical pathology at Northwestern,
20 and that was until 2009. At that time, I joined
21 the Medical Examiner's Office for a forensic
22 pathology fellowship for one year.

23 Q. And just for us lay people, anatomic
24 pathology, what is that?

1 A. Anatomic pathology is the study of how
2 disease processes affect the physical human body.

3 Q. Okay. And clinical pathology?

4 A. It's more esoteric; laboratory tests,
5 chemistry, body fluid testing basically.

6 Q. And what about forensic pathology?

7 A. Forensics is a subset of anatomic
8 pathology that focuses on determining the cause of
9 death and the manner of death.

10 Q. And you said once you finished at
11 Northwestern University that you were a resident
12 there?

13 A. Yes.

14 Q. Then you went to the Cook County Medical
15 Examiner's Office?

16 A. Yes.

17 Q. What year was that?

18 A. That was from '09 until July of 2010.

19 Q. So a little over a year?

20 A. It was a one-year fellowship.

21 Q. Okay.

22 A. And then I stayed there until June of
23 last summer, 2012, as an attending.

24 Q. So your title changed?

1 A. Right.

2 Q. As an attending, what were your
3 responsibilities there?

4 A. Performing autopsies and reviewing all
5 pertinent records related to the autopsies,
6 teaching residents and the current forensic
7 pathology fellow, testifying in court, and
8 preparing written protocols of autopsies.

9 Q. So you were, in essence, supervising
10 other doctors in doing autopsies and things?

11 A. Yes.

12 Q. If you had to estimate, I know this is
13 difficult to do, how many autopsies would you say
14 you've done in your career?

15 A. At present, I would say about probably
16 850 examinations.

17 MR. KOCHANOWICZ: Does that include
18 supervising or personal?

19 THE WITNESS: That's personal. That's
20 total examinations and very approximate.

21 BY MS. REICH:

22 Q. Understood.

23 Where are you currently working?

24 A. I'm the chief forensic pathologist for

1 DuPage County out in Wheaton.

2 Q. And you've been there for, according to
3 your resume, since April of 2013?

4 A. Yes, I just started there.

5 Q. And do you have additional
6 responsibilities there being the chief forensic
7 pathologist?

8 A. I basically manage the laboratory there
9 and have several employees that I direct and manage
10 with reference to lab maintenance and property
11 control.

12 Q. Okay. And you're still performing
13 autopsies --

14 A. Yes.

15 Q. -- in addition to that?

16 A. Yes.

17 Q. Okay. I see you've had some faculty
18 appointments.

19 A. Yes.

20 Q. Can you go through those?

21 A. So when I was at the Medical Examiner's
22 Office, I trained the Northwestern residents, the
23 pathology residents, so I was an adjunct professor
24 of pathology for two years.

1 Q. And how many would you say you've
2 trained?

3 A. Probably five-ish.

4 Q. Sorry to interrupt.

5 A. And during that same time and technically
6 extending to present, I was and am an assistant
7 professor of pathology at Rush University, so I had
8 a resident directly under my control.

9 Is that bad?

10 Q. Supervision?

11 A. Supervision.

12 MS. RUBENS: You made it sound evil.

13 THE WITNESS: Who would do cases that I
14 deemed appropriate for that training to perform at
15 the Medical Examiner's Office.

16 BY MS. REICH:

17 Q. Okay. And you're a member of some
18 professional organizations as well?

19 A. Yes.

20 Q. What are those?

21 A. So I am in the American Academy of
22 Forensic Sciences or AAFS and a fellow of NAME, the
23 National Association of Medical Examiners.

24 Q. And do you hold any positions with those?

1 A. No.

2 Q. Only membership?

3 A. Correct.

4 Q. And you're licensed in the State of
5 Illinois?

6 A. Yes.

7 Q. Since when?

8 A. Since '05.

9 Q. And are you licensed in any other state?

10 A. No.

11 Q. Have you ever practiced in any other
12 state?

13 A. No.

14 Q. Forgive me for asking, but I do have to
15 do my job.

16 Have you ever been disciplined in
17 any way?

18 A. No.

19 Q. Have you ever received any complaints?

20 A. No.

21 Q. Okay. And never been terminated from
22 any --

23 A. No.

24 Q. -- position as a physician?

1 A. No.

2 Q. What about any authoritative papers?

3 Have you written anything?

4 A. No, nothing.

5 Q. So this address at the top is current?

6 A. Yes.

7 Q. So if we needed to get in touch with you
8 for purposes of trial, this is where --

9 A. Correct.

10 Q. -- we'd find you?

11 A. Correct.

12 Q. At DuPage County Coroner's Office?

13 A. Yes.

14 Q. So you've explained that you've done
15 approximately 850 examinations in your career.

16 A. Yes.

17 Q. Do you have any -- how many of those,
18 excuse me, included gunshot wounds; again, an
19 approximation?

20 A. I would say between 100 and 150 probably.

21 Q. Do you have any specialized training in
22 ballistics at all?

23 A. No.

24 Q. What about any in-house training?

1 A. Beyond general forensics?

2 Q. Correct.

3 A. No, nothing specific to ballistics.

4 Q. Are there any authoritative texts that
5 you refer to in terms of gunshot wounds or
6 ballistics?

7 A. I typically refer to the Vincent DiMaio
8 text.

9 Q. Do you know the name of that?

10 A. I believe it's Gunshot Wounds.

11 Q. I forgot to ask.

12 Have you ever testified in court
13 before?

14 A. Yes.

15 Q. Are those in criminal cases or civil
16 cases?

17 A. The vast majority are criminal.

18 Q. Have you ever been retained as an expert
19 at all?

20 A. Yes.

21 Q. On how many occasions?

22 A. Once.

23 Q. Was that recently?

24 A. It was last year probably out in DeKalb

1 County.

2 Q. Was that in a criminal or civil case?

3 A. It was a criminal case.

4 Q. So were you retained on behalf of the
5 State's Attorney office?

6 A. The State's Attorney.

7 Q. Do you have any idea of what the name of
8 that case was?

9 A. I could look it up and get back to you.

10 Q. Okay.

11 A. Sorry.

12 MS. REICH: No, that's okay. Just like
13 we said before, it's not a memory test.

14 Doctor, before we started the
15 deposition, you had a chance to review some
16 photographs and some documents regarding the
17 postmortem examination of Ramiz Othman, and in
18 looking at documents FCRL 1112 through 1136, we
19 will mark them as Exhibit 2 or Group Exhibit 2.

20 (WHEREUPON, DOCUMENTS WERE MARKED

21 DR. McELLIGOTT DEPOSITION GROUP

22 EXHIBIT NO. 2 FOR IDENTIFICATION AS

23 OF 6/5/13.)
24

1 BY MS. REICH:

2 Q. In your review of Group Exhibit 2, does
3 this contain all the documents from the Medical
4 Examiner's file with respect to reports?

5 A. Yes, I believe it does.

6 Q. Okay. And in reviewing these documents,
7 are you able to tell me today which documents you
8 authored?

9 A. The report of postmortem examination,
10 which would be 14 pages.

11 Q. So that's FCRL 1112 through 1125?

12 A. Yes, and then I also completed the
13 diagrams, which would be 1127 and 1128.

14 Q. And the other documents contained in the
15 file you did not author?

16 A. I did fill out the last page as well.

17 Q. Okay.

18 A. 1136, the death certificate.

19 Q. Are these documents that you've
20 identified that you authored documents that
21 you've -- that are normally authored by medical
22 examiners in the ordinary course of business?

23 A. Yes.

24 Q. Do you find these to be true and accurate

1 copies of the documents that you authored?

2 A. Yes.

3 Q. All right. And we also looked at some
4 photographs as well, correct?

5 A. Yes.

6 MS. REICH: And those are photographs
7 which we will mark as Group Exhibit 3, for the
8 record.

9 (WHEREUPON, PHOTOGRAPHS WERE MARKED
10 DR. McELLIGOTT DEPOSITION GROUP
11 EXHIBIT NO.3 FOR IDENTIFICATION AS
12 OF 6/5/13.)

13 BY MS. REICH:

14 Q. All right. So for the record, Group
15 Exhibit 3 is the photographs.

16 You had a chance to look at those as
17 well, correct?

18 A. Yes.

19 MR. KOCHANOWICZ: Are we saying all of
20 the photographs there or just the photographs the
21 doctor has set aside?

22 MS. REICH: All of them.

23 MR. KOCHANOWICZ: All of them? Okay.

24 MS. REICH: We'll make part of the group

1 exhibit, and just for the record, those are Bates
2 stamped FCRL 1137 through 1184.

3 BY MS. REICH:

4 Q. These photographs, were they -- who took
5 them?

6 A. It was one of our photographs. I don't
7 actually -- the initials are on the tag stamped KK.
8 Her name is Kate Karpella (phonetic spelling).

9 Q. And your initials are on that tag as
10 well --

11 A. Yes.

12 Q. -- that appear in every photo, correct?

13 A. Correct.

14 Q. Incidentally, this tag is used for what
15 purpose?

16 A. The tag is used for identification
17 purposes making sure that each photograph is
18 labeled so we know which case it belongs to.

19 Q. And so this has the number 351.

20 Does that indicate Case No. 351?

21 A. Yes.

22 Q. Done in August 2010?

23 A. Correct.

24 Q. Okay. And the tag also reflects two sets

1 of initials.

2 Am I correct in that?

3 A. Yes.

4 Q. Yours and -- I'm sorry. Tell me her name
5 again.

6 A. Kate Karpella, the photographer.

7 Q. Okay. These photographs were taken at
8 the time that you performed the autopsy?

9 A. Yes, they were.

10 Q. And you were present for that?

11 A. Yes.

12 Q. And did you direct Ms. Karpella which
13 photographs to take?

14 A. Yes.

15 Q. Okay. And this is also a regular
16 practice and done in the ordinary course of
17 business?

18 A. Yes, it is.

19 Q. And incidentally, do you take notes
20 during the time that you are performing the
21 autopsy?

22 A. I do. Those are the diagrams that I
23 previously mentioned that I had filled out and that
24 are included in this report.

1 Q. All right. So you're referring to Bates
2 stamp numbers 1127 and 1128?

3 A. Yes.

4 Q. And then based on these diagrams, you
5 then complete this report that is in 1112 through
6 1126?

7 A. Yes.

8 Q. And how soon thereafter do you complete
9 this report of postmortem examination?

10 A. I dictate it immediately after the
11 autopsy typically.

12 Q. Okay.

13 A. I don't -- it varies. The amount of time
14 it takes me to actually finish it varies.

15 Q. So are you the person who types this up
16 or --

17 A. I proofread it. It goes to a
18 transcription agency somewhere.

19 Q. Okay. And then you review it for
20 accuracy?

21 A. Yes.

22 Q. And compare that to the tape that you
23 dictated?

24 A. Correct.

1 Q. And the notes that you took in FCRL 1127
2 and 1128?

3 A. Yes.

4 Q. And so would I be correct in assuming
5 that these are your initials at the bottom of every
6 page?

7 A. Yes, they are.

8 Q. Does that indicate the accuracy of the
9 report?

10 A. Yes.

11 Q. Okay. Additionally, on the last page of
12 the report, which would be FCRL 1125, that bears
13 your signature?

14 A. Yes, it does.

15 Q. This date 11/17/10, what does that
16 reflect?

17 A. That is the date that I finalized the
18 report and turned it in to medical records.

19 Q. So it takes a little while for it to be
20 transcribed and to get back to you to review it for
21 accuracy and sign off?

22 A. Yes.

23 Q. And this is done in the ordinary course
24 of business?

1 A. Yes.

2 Q. Okay. The photographs that are in Group
3 Exhibit 3, these photographs are true and accurate
4 depictions of the postmortem examination of
5 Ramiz Othman as conducted in August 2010?

6 A. Yes, they are.

7 Q. All right. Other than the photographer,
8 Kate Karpella, anyone else present during the time
9 that you were conducting this autopsy?

10 A. Yes, there usually are others, but I
11 don't recall who they are at the time. Sorry.

12 Q. When you say others, I understand you
13 mean that you don't remember exactly who they were.

14 A. Yes.

15 Q. But you are able to tell me where they're
16 from or --

17 A. Generally speaking, I have a technician
18 who varies from day to day.

19 Q. This is somebody who assists you --

20 A. Yes.

21 Q. -- in performing the autopsies?

22 A. Yes, who removes the organs and opens the
23 body at my direction.

24 Q. Okay.

1 A. And usually a resident or perhaps a
2 medical student and then in police-involved
3 shootings, there's usually a liaison present from
4 the independent review entity, but I don't recall
5 specifically who was there or if they were there at
6 the time.

7 Q. So typically you say that there's
8 somebody from the Independent Police Review
9 Authority --

10 A. Yes.

11 Q. -- who attends the autopsy?

12 A. Yes.

13 Q. Okay. And you don't recall exactly who
14 that was or whether anybody was there?

15 A. Correct.

16 Q. Because had there been occasions when
17 somebody from the Independent Police Review
18 Authority did not attend the autopsy?

19 A. They're usually there; not in my cases,
20 but in other people's cases they haven't come, and
21 I'm 99 percent sure someone was there for this.

22 Q. Anyone else that you can think of?

23 A. We're never alone in a room, so there are
24 usually two to three other doctors in the room at

1 the same time, so people kind of collaborate
2 throughout the course of the autopsy.

3 Q. Okay. So I'd like to go ahead and start
4 going through your report.

5 A. Okay.

6 Q. Incidentally, were there any x-rays done?

7 A. I believe it's standard protocol that we
8 do. Yes, they were.

9 Q. And where are you looking?

10 A. On page 10 of the report.

11 Q. Got it, which would also be FCRL 1121?

12 A. So there were x-rays of the head, neck,
13 chest, abdomen, pelvis, upper extremities, hands,
14 and the lower extremities.

15 Q. Do you review those x-rays?

16 A. I do.

17 Q. Are you the one who takes those?

18 A. No.

19 Q. Who takes those?

20 A. An x-ray technician.

21 Q. And somebody at your facility?

22 A. Yes, it's in-house.

23 Q. Is that done prior to the autopsy being
24 performed?

1 A. Yes, it is.

2 Q. Okay. So let's start from the beginning
3 of the report.

4 Starting on page 1, I understand
5 that the examination took place on August 21, 2010,
6 correct?

7 A. Yes.

8 Q. And it indicates the Mr. Othman died on
9 August 20, 2010, the day before?

10 A. Yes.

11 Q. Let's go through the external
12 examination.

13 What did you find?

14 A. Could you be more specific?

15 Q. Well, in this case, for example, you -- I
16 mean, the first sentence is, "The body is received
17 unclothed."

18 A. Yes.

19 Q. So did you receive clothes separately?

20 A. Yes.

21 Q. Okay.

22 A. So the way the body was presented to me
23 at the time of autopsy was unclothed with several
24 articles of clothing with the body or adjacent to

1 the body on the stretcher and so there was -- would
2 you like me to list the articles of clothing?

3 Q. Yes, please.

4 A. So I received a head scarf, which was
5 black, a white sleeveless shirt, a white T-shirt,
6 blue jeans, black underwear, and a black belt that
7 had a white metal buckle; and most of these
8 articles of clothing had holes that were consistent
9 with gunshot defects in them.

10 Q. Do you list those in your examination of
11 the clothing?

12 A. I do.

13 Q. Okay. Is it fair to say that that
14 clothing that was received along with the body as
15 depicted in photographs 1172, 1173, 1174, 1175, 76,
16 and 77?

17 A. Yes.

18 Q. Now, you indicate in your report that
19 Mr. Othman was a white male weighing 167 pounds
20 and measuring five-feet six and his reported age of
21 28 years old?

22 A. Yes.

23 Q. And there's also a description of him in
24 the paragraph two paragraphs below that explaining

1 that he has long hair that's brown and braided; is
2 that correct?

3 A. Yes.

4 Q. You also indicate that he's got --
5 there's an apparent piercing in his left ear lobe?

6 A. Yes.

7 Q. Why do you indicate the skeleton of the
8 nose is intact to palpitation -- excuse me,
9 palpation?

10 A. Just to indicate that he doesn't have a
11 broken nose, so if it's -- if you wiggle it and it
12 moves freely, that's a sign of injury.

13 Q. Okay. So you noted no injury to his
14 nose?

15 A. Correct.

16 Q. And forgive me because I may ask you to
17 explain things further.

18 A. No problem.

19 Q. Let's move on to page 2 of your report.

20 Let's talk about the identifying
21 marks and tattoos that you found on Mr. Othman.

22 A. Okay.

23 Q. Can you explain the three items listed
24 there?

1 A. Under the identifying marks category,
2 there were three tatoos, one of which was on the
3 right upper arm that appeared to be the word one,
4 o-n-e. One was on the left upper arm that appeared
5 to be the word love and then across the upper back
6 there was a tatoo of a word that I couldn't read at
7 the time.

8 Q. So referring you to page FCRL 1182, for
9 the record, is this the tatoo of the illegible word
10 on Mr. Othman's back that you refer to in No. 3
11 under identifying marks, scars, and tatoos?

12 A. That is it, yes.

13 Q. And looking at it today, you still don't
14 know what that word is?

15 A. It looks like a misspelled word, villian;
16 like villain.

17 Q. Like villain, but misspelled? Okay.
18 Thank you.

19 For the record, that's also depicted
20 in FCRL 1178?

21 A. Yes.

22 Q. And with respect to the other two tatoos,
23 is it fair to say that the tatoo described in item
24 No. 2, the word love, that appears in FCRL 1166?

1 A. Yes.

2 Q. Is there something beyond the word love
3 that's in that tatoo?

4 A. There is, but I'm not sure what it is
5 though.

6 Q. Okay. And the tatoo described in item
7 No. 1 under identifying marks, scars, and tattoos,
8 is that depicted in FCRL 1165?

9 A. Yes.

10 Q. The word one with something below it?

11 A. Yes.

12 Q. Are you able to discern what that is
13 below it?

14 A. If I had to guess, I'd say it's maybe a
15 paw or claws or something of that nature.

16 Q. Okay.

17 A. If I can't tell, I just don't describe it
18 in my report so...

19 Q. Understood.

20 A. I describe what I can tell.

21 Q. Understood.

22 Let's move on to the evidence of
23 injury.

24 A. Okay.

1 Q. And here's where I'm really going to need
2 you to explain some things.

3 All right. Correct me if I'm wrong.
4 Actually, if you could just read your description
5 and then I'll ask you to explain a few things with
6 respect to evidence of injury No. 1, but I'm also
7 going to ask you to point that out in one of the
8 paragraphs where you see that injury so we can
9 correlate the two.

10 A. Okay. So the first item under this
11 category reads:

12 "On the left side of the neck, 9.0
13 inches beneath the top of the head and 2.5 inches
14 to the left of the anterior midline, there's a
15 round gunshot wound of entrance, 0.4 inches in
16 greatest diameter. There is an eccentric margin of
17 abrasion surrounding the gunshot wound of entrance,
18 0.3 inches from 11 o'clock to 2 o'clock and 0.2
19 inches from 6 o'clock to 9 o'clock. The wound
20 course involved the skin and subcutaneous tissues
21 in the area, the left internal jugular vein,
22 larynx, thyroid gland, and anterior right ribs.
23 The wound course exits the body on the right side
24 of the chest, 12.5 inches beneath the top of the

1 head and 3.5 inches to the right of the anterior
2 midline where there is a lacerated gunshot wound of
3 exit, 0.6 inches in greatest diameter. The wound
4 course contributes to aspiration of blood
5 throughout the tracheobronchial tree and into both
6 lungs, to diffuse hemorrhage into the musculature
7 of the neck, and to multiple right rib fractures
8 with associated intramuscular hemorrhage. The
9 wound course is from back to front, left to right
10 and downward. Examination of the skin about the
11 gunshot wound of entrance reveals no evidence of
12 close-range firing."

13 Q. So before we go further, your report
14 indicates evidence of injury obviously in several
15 places --

16 A. Yes.

17 Q. -- on Mr. Othman's body, so when you're
18 performing an autopsy and creating this report, how
19 do you make sense or in what fashion do you go
20 about identifying the wounds and documenting them?

21 A. I personally go from head to toe, so I
22 start with the head and neck and then I move from
23 right to left and head to toe down the chest and
24 abdomen and genitalia and then I move to the right

1 upper extremity and then to the left and then I
2 move to the back and buttocks and then I move to
3 the lower extremities.

4 Q. So that's just your orderly fashion. It
5 doesn't indicate in what sequence the evidence of
6 injury occurred?

7 A. That's correct.

8 Q. Or the injury occurred, rather?

9 A. Right. Correct.

10 Q. Okay. Now, corresponding to No. 1, are
11 you able to show us in a photograph from Group
12 Exhibit 3 this gunshot wound?

13 A. Yes.

14 Q. Entrance and exit --

15 A. Yes.

16 Q. -- if you can?

17 A. Yes, I can do that.

18 Q. Okay.

19 A. It's visible in this photograph.

20 Q. We're referring to 1145?

21 A. And there's a close-up in...

22 Q. 1157?

23 A. That's the entrance wound and then the
24 exit is visible in 1145. It's on this upper right

1 side of the chest, and I believe this is the
2 close-up, 1149, of the exit.

3 Q. Okay. So per plaintiffs' counsel's
4 suggestion, can you circle or maybe mark next to
5 it --

6 MR. KOCHANOWICZ: My suggestion would be
7 to draw a line just so we're not getting too --

8 MS. RUBENS: A line and then No. 1
9 entrance or something like that.

10 MR. KOCHANOWICZ: And in the margin just
11 put 1A and then 1B.

12 MS. REICH: Okay.

13 MR. KOCHANOWICZ: I don't know if that --

14 MS. RUBENS: Or maybe more than A and B,
15 you know.

16 MR. KOCHANOWICZ: That's true.

17 MS. RUBENS: I could actually write out
18 the word whether it's exit or entrance.

19 BY MS. REICH:

20 Q. Maybe you can do entrance and exit for
21 those with the blue pen?

22 A. So you want me to write 1 entrance and 1
23 exit with a line?

24 Q. Yes, if you need a ruler.

1 A. That's okay.

2 Do you mind if I write right next to
3 it or do you want me to write somewhere else? Do
4 you care?

5 MR. KOCHANOWICZ: I'd suggest you write
6 in the margin up here.

7 THE WITNESS: If I write here?

8 MR. KOCHANOWICZ: And then you can draw a
9 line to it.

10 THE WITNESS: Okay.

11 MR. KOCHANOWICZ: I mean, I don't think
12 at some point we won't cross lines.

13 MS. RUBENS: Off the record.

14 (Whereupon, a discussion was
15 held off the record.)

16 THE WITNESS: Okay. Would you like me to
17 connect the two?

18 MS. REICH: Please.

19 THE WITNESS: (Witness complies.)

20 MS. REICH: So let the record reflect
21 that the witness has complied and written 1 at the
22 entrance of No. 1 as described in her report and
23 the exit as well.

24

1 BY MS. REICH:

2 Q. Are you able to tell the difference
3 between an exit and an entrance wound?

4 A. So typically, not always, but typically
5 an entrance is round or rounder than the exit and
6 will have a margin of abrasion, which I referred to
7 in my description, but that's basically where the
8 bullet pulls on the skin around the entrance site
9 and causes a scratch or a scrape because it's
10 actually scraping the skin as it goes into the body
11 and then exit --

12 Q. And sorry. Just for the record, you're
13 pointing to the close-up on 1157 which you say is
14 the entrance wound for No. 1?

15 A. Yes.

16 Q. Okay.

17 A. Again, this is a generalization for
18 entrances.

19 Q. Sure.

20 A. Not all look as nice as that.

21 An exit is lacerated, meaning torn,
22 so the bullet is pushing out of the body and so you
23 don't get that nice scratching wound usually. So
24 this close-up here in 1149, you can see the edges

1 are jagged, and we don't have that abrasion
2 surrounding it as we did in the entrance wound.

3 Q. And how is it that you are able to
4 correspond one entrance wound with another exit
5 wound?

6 A. During the course of an autopsy, during
7 the internal exam you can often see hemorrhage in
8 the areas between the two injuries. So you're
9 looking for actual physical connection between the
10 two, and you're also using probes at times which
11 you put into the entrance wound and track along the
12 course that the bullet makes, and it will often
13 lead you to the general direction of the exit.

14 Q. Okay. So in this particular case with
15 injury No. 1, what tissues or organs were affected
16 by this particular gunshot?

17 A. So it was mostly the neck organs. You
18 have the internal jugular vein on the left side of
19 the neck, the larynx which is part of the windpipe,
20 the thyroid gland which is in the neck, and also
21 some of the right ribs on the very upper right side
22 of the chest.

23 Q. You said there was damage to the right
24 ribs?

1 A. Yes.

2 Q. Okay. Are you able to -- you also say
3 that -- sorry. Strike that.

4 It also says that the wound course
5 is from back to front, left to right and downward.

6 Just for my understanding, when you
7 say back to front, I'm confused because you do say
8 that the entrance is on the front of the body, so
9 can you explain that?

10 A. So if you look at this photograph, 1145,
11 the location of this entrance on the left side of
12 the neck is just slightly farther back than the
13 exit on the chest, so because it sits farther back
14 toward the buttocks, it's technically from back to
15 front.

16 Q. Okay.

17 A. It's slight, but it's still from back to
18 front.

19 Q. Understood.

20 The last sentence of No. 1 states:
21 "Examination of the skin about the gunshot wound of
22 entrance reveals no evidence of close-range
23 firing."

24 What does that mean?

1 A. That means there's no soot or stippling
2 surrounding the gunshot wound which are typical
3 indicators of close-range firing, so a gun being
4 close to the body at the time of its being fired.

5 Q. You mentioned soot and stippling.

6 A. Yes.

7 Q. Can you explain?

8 A. So soot is basically powder that comes
9 out of the barrel of the gun when a projectile is
10 fired out of it. It's what actually causes the
11 bullet to be fired, and some of that powder will
12 land on the skin typically if the gun is within --
13 a handgun is within 12 inches of the body.

14 Stippling is little bits of
15 gunpowder that aren't burnt, so they basically fly
16 out of the barrel of the gun and scratch the
17 surface of the skin. That's stippling, and that's
18 with handguns typically seen between 2 and 4 feet
19 from the barrel of the gun.

20 MR. KOCHANOWICZ: I'm sorry. What did
21 you say? Flies out and scratches the surface of
22 the skin?

23 THE WITNESS: So it's bits of unburned
24 powder, so basically a tiny projectile; so when it

1 flies out, it just scratches the skin.

2 MR. KOCHANOWICZ: Okay.

3 THE WITNESS: You can still see the
4 powder, so it looks like a little black speck.

5 BY MS. REICH:

6 Q. And in reviewing your report, just to
7 make this a little easier, you didn't find any
8 evidence of soot or stippling on any of the gunshot
9 wounds, did you?

10 A. No, I didn't.

11 Q. And, therefore, you found no evidence of
12 close-range firing meaning within 4 feet, give or
13 take?

14 A. Give or take, yes.

15 Q. On any of the wounds that were found on
16 Ramiz Othman?

17 A. Correct.

18 Q. I also wanted to ask you about the
19 measurements generally. I won't go through them on
20 each and every one, but you do indicate -- you do
21 indicate several measurements for each and every
22 wound.

23 Can you just explain how you go
24 about making those measurements and identifying

1 where the wounds are?

2 A. Yes, so any given gunshot wound is
3 measured relative to the head or to the feet. If a
4 gunshot wound is on the upper half of the body, I
5 measure its distance from the top of the head.

6 So when I say 9 inches from the top
7 of the head, that means that position on the neck
8 is located 9 inches from the vertex and then I
9 measure from the midline of the body toward the
10 right or left, wherever the entrance or exit
11 happens to be.

12 Then additional measurements include
13 the actual width of the injuries themselves, so the
14 entrance and the exit, and then I refer to the
15 margin of abrasion which is the scratching injury
16 around the entrance or an exit. I measure -- it's
17 like the face of a clock, so towards the head the
18 injury is at -- so the vertex is 12 o'clock. The
19 feet are 6:00 o'clock, so then the margin of
20 abrasion is measured relative to the face of a
21 clock.

22 Q. Okay.

23 A. I'm not sure if that answers your
24 question.

1 Q. No, that does.

2 A. Okay.

3 Q. Actually, very well.

4 Since you indicated that this
5 particular gunshot wound involved the -- for
6 example, the jugular vein, what type of effect
7 would that have?

8 A. Could you be more specific?

9 Q. Could that have been a fatal shot?

10 A. Yes, it's possible.

11 Q. Okay. It's also indicated when you
12 explain what organs and tissues were involved, you
13 also mention the larynx.

14 Could that have been fatal?

15 A. Yes, bleeding into the airway caused by
16 the bullet traveling through it can cause you to
17 aspirate blood and not be able to breathe properly.

18 Q. Did you find evidence of that?

19 A. He did aspirate some blood into both
20 lungs.

21 Q. What about injury to the thyroid gland?
22 Could that have been fatal?

23 A. That's not necessarily fatal in and of
24 itself in isolation.

1 Q. And in terms of striking the anterior
2 right ribs, is it fair for me to submit that's
3 probably not fatal?

4 A. In and of itself, no, it would not be
5 fatal in a normal person.

6 Q. Okay. Why don't we move on to No. 2.

7 A. Okay.

8 Q. In terms of No. 2, if you wouldn't mind
9 reading that, for the record?

10 A. "No. 2: On the right side of the chest
11 22.0 inches beneath the top of the head and 5.5
12 inches to the right of the anterior midline, there
13 is a round gunshot wound of entrance, 0.4 inches in
14 greatest diameter. There is a circumferential
15 margin of abrasion present about the gunshot wound
16 of entrance, 0.1 inch. The wound course involved
17 the skin and subcutaneous tissues in the area, the
18 anterior right ribs, the pericardial sac, posterior
19 wall of the right ventricle of the heart, posterior
20 right ribs, and the musculature of the right side
21 of the back. A deformed copper-jacketed bullet is
22 recovered from the right side of the back, 13.0
23 inches beneath the top of the head and 1.0 inch to
24 the right of the posterior midline. The wound

1 course contributes to multiple right rib fractures
2 with associated intramuscular hemorrhage, and to a
3 right hemothorax with approximately 400 mL of fluid
4 and clotted blood in the right chest cavity. The
5 wound course is from front to back, right to left
6 and upward. Examination of the skin about the
7 gunshot wound of entrance reveals no evidence of
8 close-range firing."

9 Q. All right. So I'm going to ask you to
10 explain that in layman's terms.

11 A. Sure.

12 Q. And again, indicate on the photographs --
13 let's start with the photographs where No. 2 you
14 would find on the body in the photographs.

15 A. Okay. So there's only going to be an
16 entrance on these photographs because we recovered
17 a bullet.

18 Q. Okay.

19 A. So it's seen on 1145 again.

20 Do I just write the same thing?

21 Q. 2 and entrance, please.

22 A. (Witness complies.)

23 MS. REICH: And let the record reflect
24 that the witness is marking wound No. 2 as listed

1 on her report on page 1114.

2 BY MS. REICH:

3 Q. So I understand that this -- looking at
4 the middle of this paragraph from your report, can
5 you explain in layperson's terms what injuries
6 occurred because of that gunshot wound?

7 A. So he was shot on the right side of the
8 chest. It broke some ribs and went through the
9 heart, and it caused bleeding into the right side
10 of the chest.

11 Q. And that bullet you found still within
12 the body?

13 A. Yes.

14 Q. Okay. And you recovered that from the
15 back?

16 A. Yes.

17 Q. Is this a shot that could have been
18 fatal?

19 A. Yes.

20 Q. In the same sense, you said that the
21 wound course goes from front to back?

22 A. Yes.

23 Q. Meaning the entrance --

24 A. Yes.

1 Q. -- is more toward the front of the body?

2 A. That's correct.

3 Q. All right. Let's move on to No. 3.

4 A. Would you like me to read it again?

5 Q. If you wouldn't mind.

6 A. "No. 3: On the left side of the chest,
7 19.0 inches beneath the top of head and 6.0 inches
8 to the left of the anterior midline, there is a
9 round gunshot wound of entrance, 0.4 inches in
10 greatest diameter. There is an eccentric margin
11 of abrasion present about the gunshot wound of
12 entrance, 0.1 inch from 12 o'clock to 9 o'clock.
13 The wound course involves the skin and subcutaneous
14 tissues in the area and the musculature of the left
15 and right sides of the chest. The wound course
16 exits the body on the right side of the chest, 19.0
17 inches beneath the top of the head and 4.0 inches
18 to the right of the anterior midline, where there
19 is a lacerated gunshot wound of exit, 0.8 inches in
20 greatest diameter. The wound course is from right
21 to left. Examination of the skin about the gunshot
22 wound of entrance reveals no evidence of
23 close-range firing."

24 Q. Can you identify on FCRL 1145 and mark

1 where No. 3 is an entrance an exit?

2 A. (Witness complies.)

3 Q. If could you draw a line between the two
4 as you did with No. 1?

5 A. (Witness complies.)

6 Q. Thank you.

7 In layperson's terms, can you
8 explain to me what wound occurred because of No. 3?

9 A. He was shot on the left side of the
10 chest, but this was a very superficial injury that
11 only damaged the muscle on the front of the body,
12 so it just basically went across the chest and
13 belly right under the skin and came out.

14 Q. Tissue only, no ribs involved?

15 A. Correct.

16 Q. And would this have been fatal in any
17 way?

18 A. No.

19 Q. I'm sorry. I may have missed this, but
20 the wound course from shot No. 3 as identified in
21 your report goes in what direction?

22 A. I'm sorry if I misspoke. It's from left
23 to right.

24 Q. Okay.

1 MS. RUBENS: So does that mean the report
2 is wrong?

3 THE WITNESS: For No. 3?

4 MS. RUBENS: For No. 3.

5 THE WITNESS: Oh, yes. I'm sorry.
6 You're right. I didn't even notice that.

7 MS. RUBENS: So --

8 THE WITNESS: So the last sentence should
9 be from left to right.

10 BY MS. REICH:

11 Q. The second-to-last sentence?

12 A. That's correct.

13 MS. REICH: Thank you.

14 Anybody mind if we take a quick
15 break?

16 MR. KOCHANOWICZ: No.

17 (Whereupon, a short break was
18 taken.)

19 BY MS. REICH:

20 Q. All right. I think that's it for No. 3.

21 Let's move on to No. 4, if you'd be
22 so kind?

23 A. "No. 4: On the right side of the
24 abdomen, 27.5 inches beneath the top of the head

1 and 6.5 inches to the right of the anterior
2 midline, there is a round gunshot wound of
3 entrance, 0.4 inches in greatest diameter. There
4 is a circumferential margin of abrasion present
5 about the gunshot wound of entrance, 0.1 inch. The
6 wound course involves the skin and subcutaneous
7 tissues in the area, the musculature of the right
8 side of the abdomen, right kidney, right adrenal
9 gland, and the posterior right ribs. The wound
10 course contributes to a hemoperitoneum with
11 approximately 550 mL of clotted blood in the
12 peritoneal cavity, to diffuse retroperitoneal
13 hemorrhage, and the multiple right rib fractures
14 with associated intramuscular hemorrhage. The
15 wound course exits the body on the right side of
16 the back, 21.0 inches beneath the top of the head
17 and 5.0 inches to the right of the posterior
18 midline. The wound course is from front to back,
19 right to left and upward. Examination of the skin
20 about the gunshot wound of entrance reveals no
21 evidence of close-range firing."

22 Q. All right. So if you would be so kind as
23 to identify on the photographs where the entrance
24 and exit wounds are, for the record, and then --

1 A. Sure. I have to search for the one on
2 the back.

3 Q. That's fine.

4 A. Sorry. I just want to make sure I find
5 the right one.

6 MS. REICH: So let the record reflect
7 that the witness is identifying the exit wound,
8 right?

9 THE WITNESS: Yes, this is the exit.
10 BY MS. REICH:

11 Q. On FCRL 1179?

12 A. Correct.

13 Q. And understanding obviously that you
14 cannot draw a line between the two.

15 A. Entrance is on --

16 Q. Not with this one.

17 A. Entrance is on 1145.

18 Q. Okay.

19 A. And the exit is on 1179.

20 Q. All right. One thing I do notice is that
21 your report says in No. 4 this involved the right
22 kidney.

23 A. Yes.

24 Q. Do you have any opinion as to whether

1 this is a potentially fatal shot?

2 A. Yes, it is potentially fatal.

3 Q. And can you explain -- in my notes it
4 says the right adrenal gland.

5 A. Yes.

6 Q. Is that potentially fatal?

7 A. It could be, yes.

8 Q. Obviously the posterior right ribs, fatal
9 or not fatal?

10 A. Not by themselves, no.

11 Q. Can you explain the following sentence
12 beginning with the wound course --

13 A. Sure.

14 Q. -- in lay terms?

15 A. Basically that just means there's blood
16 in the abdomen, so about a half liter of blood, so
17 these injuries have caused bleeding into the
18 abdomen itself and into the -- the retroperitoneal
19 hemorrhage means hemorrhage into the muscle and
20 soft tissue in the back.

21 Q. And is that something that could be
22 fatal?

23 A. Yes.

24 Q. Let's move on to No. 5.

1 A. "No. 5: On the left side of the abdomen,
2 24.0 inches beneath the top of the head and
3 2.8 inches to the left of the anterior midline,
4 there is a round gunshot wound of entrance,
5 0.3 inches in greatest diameter. There is a
6 circumferential margin of abrasion present about
7 the gunshot wound of entrance, 0.1 inch. The wound
8 course involves the subcutaneous tissues in the
9 area, the musculature of the left side of the
10 abdomen, and the musculature of the right side of
11 the chest. The wound course exits the body on the
12 upper right side of the chest, 18.0 inches beneath
13 the top of head and 8.5 inches to the right of the
14 anterior midline, where there is a lacerated
15 gunshot wound of exit, 0.6 inches in greatest
16 diameter. The wound course is from left to right
17 and upward. Examination of the skin about the
18 gunshot wound of entrance reveals no evidence of
19 close-range firing."

20 Q. And if you could identify those on, most
21 likely, 1145 and --

22 A. And draw a line?

23 Q. If you wouldn't mind.

24 A. (Witness complies.)

1 Q. And this wound, would this be potentially
2 fatal?

3 A. No.

4 Q. Why is that?

5 A. It's similar to, I believe, No. 3 where
6 the injury involves only the subcutaneous, very
7 superficial muscle tissue of the body, so it
8 doesn't involve any major organs.

9 Q. No. 6?

10 A. "On the left side of the abdomen, 27.0
11 inches beneath the top of the head and 3.2 inches
12 to the left of the anterior midline, there is an
13 oblique graze gunshot wound, 0.7 inches in length.
14 The wound course involves the superficial layers of
15 the skin. Examination of the skin about the
16 gunshot wound reveals no evidence of close-range
17 firing."

18 Q. Okay. Is it possible to identify that?

19 A. You can see the top of it on 45. I'm not
20 sure if there's a better...

21 Q. Try 1146.

22 A. Oh, there.

23 Q. 1161?

24 A. Yes, 1161.

1 Just write the number 6?

2 Q. If you wouldn't mind, please.

3 A. (Witness complies.)

4 Q. Thank you.

5 Now, as I understand it, that's just
6 a graze wound?

7 A. Yes.

8 Q. And meaning what?

9 A. Meaning the bullet glanced across the
10 surface of the skin. It just caused a scratch,
11 scratching injury.

12 Q. And is it fair for me to assume that's
13 not fatal?

14 A. That's correct.

15 Q. Okay. No. 7?

16 A. "On the lower left side of the abdomen,
17 27.0 inches beneath the top of the head and 5.5
18 inches to the left of the anterior midline, there
19 is a round gunshot wound of entrance, 0.3 inches in
20 greatest diameter. There is an eccentric margin of
21 abrasion present about the gunshot wound of
22 entrance, 0.2 inches from 12 o'clock to 7 o'clock,
23 and 0.1 inch from 7 o'clock to 12 o'clock. The
24 wound course involves the skin and subcutaneous

1 tissues in the area, the musculature of the left
2 side of the abdomen, the small intestine, large
3 intestine, mesentery, and the musculature of the
4 right buttock and right thigh. A deformed
5 copper-jacketed bullet is recovered from the
6 musculature of the proximal right thigh, 31.0
7 inches beneath the top of the head and 6.0 inches
8 to the right of the anterior midline. The wound
9 course contributes to a hemoperitoneum with
10 approximately 550 mL of fluid and clotted blood in
11 the peritoneal cavity. The wound course is from
12 left to right and downward. Examination of the
13 skin about the gunshot wound of entrance reveals no
14 evidence of close-range firing."

15 Q. Could you identify the entrance wound?

16 My understanding is there's no exit wound because
17 you found the bullet inside.

18 A. That's correct. It's again on 61, 1161.

19 Q. Okay. Could this have been potentially
20 fatal?

21 A. Yes.

22 Q. Why is that?

23 A. It, again, contributed to bleeding inside
24 the abdomen.

1 Q. All right. And it involved some major
2 organs?

3 A. Yes.

4 Q. What were those?

5 A. The intestines. Both the small and large
6 intestines were the major organs that were
7 involved.

8 Q. Now, incidentally, are you able to tell
9 from the other photographs -- which I understand
10 there are photographs of the bullets that were
11 recovered.

12 A. Yes.

13 Q. Are you able to tell which ones were --

14 A. Potentially they should be labeled
15 according to the anatomic site of recovery, so 1141
16 is labeled right thigh, which is most likely the
17 projectile from that injury.

18 Q. Okay. Thank you.

19 Let's move on to No. 8.

20 A. "No. 8: On the upper left side of the
21 back, 10.0 inches beneath the top of the head and
22 7.0 inches to the left of the posterior midline,
23 there is an ovoid gunshot wound of entrance, 0.4
24 inches in greatest diameter. There is a

1 circumferential margin of abrasion present about
2 the gunshot wound of entrance, 0.1 inch. The wound
3 course involves the skin and subcutaneous tissues
4 in the area, the musculature of the left side of
5 the back, the posterior left ribs, upper lobe of
6 the left lung, and the thoracic aorta. The wound
7 course exits the body on the left side of the
8 chest, 15.5 inches beneath the top of the head and
9 0.5 inches to the left of the anterior midline
10 where there is a shored gunshot wound of exit, 0.4
11 inches in greatest diameter. There is an eccentric
12 margin of abrasion present about the gunshot wound
13 of exit, 0.3 inches from 12 o'clock to 2 o'clock.
14 0.8 inches from 2 o'clock to 3 o'clock, and
15 0.1 inch from 3 o'clock to 12 o'clock. The wound
16 course contributes to a left hemothorax with
17 approximately 400 mL of fluid and clotted blood in
18 the left chest cavity, and to multiple left rib
19 fractures with associated intramuscular hemorrhage.
20 The wound course is from back to front, left to
21 right and downward. Examination of the skin about
22 the gunshot wound of entrance reveals no evidence
23 of close-range firing."

24 Q. Okay. In terms of No. 8, are you able to

1 identify and mark on the photographs the entrance
2 and exit wounds?

3 A. Yes.

4 Q. Please.

5 A. So the entrance is seen on 1178 with a
6 close-up in 1138, and the exit is on 1145 again.

7 Q. And so what major organs, if any, did
8 this gunshot --

9 A. So this injury involved the left lung and
10 the aorta in the chest, the thoracic aorta.

11 Q. Is that potentially fatal?

12 A. Yes.

13 Q. And the trajectory of that, the wound
14 course?

15 A. So this is from back -- the back to the
16 front, left to right and down.

17 Q. Okay. Let's turn to No. 9.

18 A. "On the right side of the back, 20.0
19 inches beneath the top of the head and 1.0 inch to
20 the right of the posterior midline, there is a
21 round gunshot wound of entrance, 0.3 inches in
22 greatest diameter. There is an eccentric margin of
23 abrasion present about the gunshot wound of
24 entrance, 0.1 inch, except at 3 o'clock and 9

1 o'clock where it measures 0.3 inches. The wound
2 course involves the skin and subcutaneous tissues
3 in the area and the musculature of the right side
4 of the back. The wound course exits the body in
5 the right axilla, 16.0 inches beneath the top of
6 the head and 6.0 inches to the right of the
7 midline, where there is a lacerated gunshot wound
8 of exit, 0.3 inches in greatest diameter.

9 The wound course partially re-enters
10 the body on the medial right upper arm, 16.0
11 inches beneath the top of the head, where there is
12 a shored ovoid gunshot wound of partial
13 re-entrance, 0.7 inches in greatest diameter.
14 There is an eccentric margin of abrasion present
15 about the gunshot wound of partial re-entrance, 0.2
16 inches from 6 o'clock to 12 o'clock, except at
17 9 o'clock where it measures 0.3 inches. The wound
18 course involves the skin and subcutaneous tissues
19 of the right upper arm. The wound course is from
20 left to right and upward. Examination of the skin
21 about the gunshot wound of entrance reveals no
22 evidence of close-range firing."

23 Q. In layperson's terms, does that mean --
24 in layperson's terms, what does that mean?

1 A. So there's a gunshot wound to the right
2 back which comes out the right armpit. It just
3 gets the muscle and soft tissues in the area and
4 then as it comes out the right armpit, it starts to
5 go in the right arm right next to the armpit, but
6 it doesn't go in much farther than the superficial
7 layers.

8 Q. And did you recover a bullet from there?

9 A. No.

10 Q. Okay. So it even passed through --

11 A. It --

12 Q. -- or just --

13 A. It went in a little bit and came out
14 again.

15 Q. Something more than a graze wound?

16 A. Right.

17 Q. Are you able to identify those wounds on
18 any of the photographs?

19 A. Yes, the entrance is seen on 1179.

20 Q. Thank you.

21 A. And with a close-up in 1183.

22 Would you like me to label both?

23 Q. Please.

24 A. (Witness complies.)

1 Q. Thank you.

2 A. The exit in the armpit is seen in 1164 as
3 is the partial re-entry.

4 I hesitate to draw a line just
5 because they're right next to each other when they
6 occurred.

7 Q. So meaning that -- okay. So as
8 Mr. Othman is depicted in the photograph, his arm
9 is raised above his head?

10 A. Correct.

11 Q. So am I understanding or is it fair to
12 say that his arm was not in the position above his
13 head?

14 A. That's correct.

15 Q. But closer down by his side --

16 A. Correct.

17 Q. -- at the time that the injury occurred?

18 A. So the arm is right next to the exit,
19 which is why there's a re-entry right there.

20 Q. Could this have been a potentially fatal
21 shot?

22 A. No, not by itself.

23 Q. Okay.

24 A. Would you like me to label this?

1 Q. Please.

2 A. (Witness complies.)

3 Q. Also, 1178 you see the re-entry?

4 A. And the entry here.

5 Q. Oh, please. Yes.

6 A. (Witness complies.)

7 Q. Okay. No. 10?

8 A. "On the left side of the back, 22.0
9 inches beneath the top of the head and 2.0 inches
10 to the left of the posterior midline, there is a
11 round gunshot wound of entrance, 0.3 inches in
12 greatest diameter. There is a circumferential
13 margin of abrasion present about the gunshot wound
14 of entrance, 0.1 inch. The wound course involves
15 the skin and subcutaneous tissues in the area, the
16 posterior left ribs, the upper lobe of the left
17 lung, and the lateral left ribs. The wound course
18 contributes to a left hemothorax with approximately
19 400 mL of fluid and clotted blood in the left chest
20 cavity and to multiple left rib fractures with
21 associated intramuscular hemorrhage. The wound
22 course exits the body on the left side of the
23 chest, 15.0 inches beneath the top of the head and
24 6.0 inches to the left of the anterior midline

1 where there is a shored lacerated gunshot wound of
2 exit, 0.8 inches in greatest diameter. There is a
3 circumferential margin of abrasion present about
4 the gunshot wound of exit, 0.2 inches. The wound
5 course is from back to front, right to left and
6 upward. Examination of the skin about the gunshot
7 wound of entrance reveals no evidence of
8 close-range firing."

9 Q. If you could identify those on the
10 photographs?

11 A. (Witness complies.)

12 1179 shows the entrance as does 1183
13 in close-up as does 1158. This shows the exit and
14 1170.

15 Q. Are you marking all of those?

16 A. Yes.

17 Q. Thank you.

18 Are you able to tell whether that's
19 a potentially fatal shot?

20 A. This is potentially fatal.

21 Q. Why is that?

22 A. It involves the left lung, which is a
23 very vascular organ and causes or contributes to
24 approximately 400 milliliters of blood in the chest

1 cavity, which is a large amount of blood.

2 Q. Okay. Where is the exit?

3 A. Of the armpit here.

4 Q. Oh, okay.

5 A. So it's on the front or more on the side,
6 but you can't see it from the back because it's
7 like over here. (Indicating.)

8 Q. Is that this here?

9 A. Yes.

10 Q. Okay. So on 1145, it's all the way on
11 the right side?

12 A. Would you like me to --

13 Q. On 1145.

14 Do we have that here somewhere?

15 A. It's somewhere, I'm sure. There it is.

16 What number was that?

17 MR. KOCHANOWICZ: 10.

18 MS. REICH: 10.

19 THE WITNESS: Thank you.

20 BY MS. REICH:

21 Q. Let's move on to No. 11.

22 A. "On the left side of the back, 22.0
23 inches beneath the top of the head and 5.0 inches
24 to the left of the posterior midline, there is a

1 round gunshot wound of entrance, 0.3 inches in
2 greatest diameter. There is a circumferential
3 margin of abrasion present about the gunshot wound
4 of entrance, 0.1 inch. The wound course involves
5 the skin and subcutaneous tissues in the area, the
6 musculature of the left side of the back, the small
7 intestine, large intestine, mesentery, abdominal
8 aorta, and right psoas muscle. A deformed
9 copper-jacketed bullet is recovered from the right
10 psoas muscle in the pelvis, 28.0 inches beneath the
11 top of the head and 5.0 inches to the right of the
12 midline. The wound course contributes to a
13 hemoperitoneum with approximately 550 mL of fluid
14 and clotted blood in the peritoneal cavity. The
15 wound course is from back to front, left to right,
16 and downward. Examination of the skin about the
17 gunshot wound of entrance reveals no evidence of
18 close-range firing."

19 Q. Is this a potentially fatal shot?

20 A. Yes.

21 Q. Why is that?

22 A. It involves the aorta in the abdomen and
23 the intestines, all of which are very major organs.

24 Q. For my benefit, the mesentery?

1 A. That's just a layer of fat that overlies
2 the intestines.

3 Q. Thank you.

4 A. Sure.

5 It's seen on 1179, the entrance.

6 Q. Are you able to tell or associate which
7 bullet --

8 A. I believe it's 1143. It says right abd,
9 a-b-d, which is right abdomen, or right abdo,
10 a-b-d-o.

11 MR. KOCHANOWICZ: Would that be the left
12 side though?

13 THE WITNESS: It's labeled according to
14 where it's recovered; so if it was found on the
15 right abdomen, we label the bullet right abdomen.

16 MR. KOCHANOWICZ: Okay.

17 BY MS. REICH:

18 Q. Okay. No. 12?

19 A. "On the right side of the back, 23.0
20 inches beneath the top of the head and 1.0 inch to
21 the right of the posterior midline, there is a
22 round gunshot wound of entrance, 0.3 inches in
23 greatest diameter. There is a circumferential
24 margin of abrasion present about the gunshot wound

1 of entrance, 0.1 inch. The wound course involves
2 the skin and subcutaneous tissues in the area, the
3 musculature of the right side of the back, the
4 small intestine, large intestine, mesentery, liver,
5 and lateral right ribs. A deformed copper-jacketed
6 bullet is recovered from the musculature of the
7 right lateral chest, 18.0 inches beneath the top of
8 the head and 5.0 inches to the right of the
9 anterior midline. The wound course contributes to
10 a hemoperitoneum with approximately 550 mL of fluid
11 and clotted blood in the peritoneal cavity, and to
12 multiple right rib fractures with associated
13 intramuscular hemorrhage. The wound course is from
14 back to front, left to right and upward.
15 Examination of the skin about the gunshot wound of
16 entrance reveals no evidence of close-range
17 firing."

18 Q. Okay. And is this a potentially fatal
19 shot?

20 A. Yes.

21 Q. And that's because...

22 A. Again, it involves the intestines and
23 leads to -- contributes to that bleeding in the
24 abdomen. It also involves the liver, which is a

1 very vascular organ, meaning it bleeds a lot.

2 Q. Okay. Thank you.

3 A. So this entrance for 12 is seen again on
4 1179, and there's a close-up somewhere. This is
5 it, 1183.

6 Q. You're marking that one too, and that one
7 you recovered a bullet as well?

8 A. Yes.

9 Q. Can you identify which one that was based
10 on the photographs?

11 A. 1142 is labeled right chest.

12 Q. Okay. Thank you.

13 All right. No. 13?

14 A. "On the lower left side of the back,
15 30.0 inches beneath the top of the head and 1.0
16 inch to the left of the posterior midline, there is
17 an ovoid gunshot wound of entrance, 0.3 inches in
18 greatest diameter. There is a circumferential
19 margin of abrasion present about the gunshot wound
20 of entrance, 0.1 inch. The wound course involves
21 the skin and subcutaneous tissues in the area, the
22 musculature of the left side of the back, the large
23 intestine, and mesentery. The wound course exits
24 the body on the lower left side of the abdomen,

1 29.0 inches beneath the top of the head and 3.0
2 inches to the left of the anterior midline, where
3 there is a shored lacerated gunshot wound of exit,
4 0.4 inches in greatest diameter. There is an
5 eccentric margin of abrasion present about the
6 gunshot wound of exit, 0.4 inches from 10 o'clock
7 to 12 o'clock and 0.2 inches from 2 o'clock to
8 10 o'clock. The wound course is from back to
9 front, right to left and slightly upward.
10 Examination of the skin about the gunshot wound of
11 entrance reveals no evidence of close-range
12 firing."

13 Q. Are you able identify those in the
14 photographs?

15 A. The entrance is seen on 1179. You know,
16 I'm sorry. I transposed the 7 entrance and the 13
17 exit, so should I just switch these?

18 MS. RUBENS: Yes, cross it out with a
19 line.

20 MS. REICH: If you made an error, cross
21 it out and initial it.

22 THE WITNESS: Sorry.

23 MR. KOCHANOWICZ: Which one?

24 THE WITNESS: It's this one here.

1 (Indicating.)

2 BY MS. REICH:

3 Q. So No. 7 that you indicated before on --

4 A. Yeah.

5 Q. -- photograph 1161?

6 A. Uh-huh. Yes, so it's this one instead.

7 MR. KOCHANOWICZ: Okay.

8 THE WITNESS: Sorry.

9 This is 13, right?

10 MS. RUBENS: Yes.

11 BY MS. REICH:

12 Q. Yes, we're on 13.

13 A. Sorry about that.

14 Q. Okay. I'm sorry if I asked you this.

15 Did you say that this was a
16 potentially fatal shot?

17 A. I don't remember. Sorry.

18 MS. RUBENS: I don't think you asked
19 that.

20 THE WITNESS: This is potentially fatal,
21 yes.

22 BY MS. REICH:

23 Q. And why is that?

24 A. This also involves some major organs

1 including the large intestine.

2 Q. No. 14?

3 A. 14 just indicates a small scratching
4 injury to the right wrist.

5 It says: "On the anterior right
6 wrist, there is a red abrasion 0.1 inch in greatest
7 diameter."

8 Q. Do you happen to have a photograph of
9 that?

10 A. I don't believe that I do.

11 Q. Okay.

12 A. It's a pretty nonspecific injury.

13 Q. And also not fatal?

14 A. Correct.

15 Q. No. 15?

16 A. "On the anterior left hand, 29.5 inches
17 beneath the top of the head, there is a round
18 gunshot wound of entrance, 0.3 inches in greatest
19 diameter. There is a circumferential margin of
20 abrasion present about the gunshot wound of
21 entrance, 0.1 inch. The wound course involves the
22 skin and subcutaneous tissues in the area, and the
23 musculature and tendons of the left hand. The
24 wound course exits the body on the posterior left

1 hand, 29.0 inches beneath the top of the head,
2 where there is a lacerated gunshot wound of exit,
3 1.5 inches in greatest diameter. The wound course
4 is from front to back and slightly upward.
5 Examination of the skin about the gunshot wound of
6 entrance reveals no evidence of close-range
7 firing."

8 Q. I think we have close-ups of --

9 A. Yes, somewhere.

10 Q. -- if I'm not mistaken, 1171 and 1167.
11 Hang on. There's still these.

12 A. Yeah.

13 Q. So can I assume that 1171 is the
14 entrance?

15 A. Yes.

16 Q. And 1167 shows the exit --

17 A. Yes.

18 Q. -- for No. 15?

19 A. Yes.

20 Q. And it's fair for me to assume that's not
21 fatal?

22 A. Correct.

23 Q. No. 16.

24 Oh, sorry. Have you finished

1 marking?

2 A. Yes.

3 Q. Okay.

4 A. "No. 16: On the posterior left forearm,
5 18.0 inches beneath the top of the head, there is a
6 round gunshot wound of entrance, 0.3 inches in
7 greatest diameter. There is a circumferential
8 margin of abrasion present about the gunshot wound
9 of entrance, 0.1 inch. The wound course involves
10 the skin and subcutaneous tissues in the area, the
11 musculature of the left arm, the left humerus and
12 left ulna. The wound course exits the body on the
13 medial left upper arm, 16.0 inches beneath the top
14 of the head, where there is a shored lacerated
15 gunshot wound of exit, 0.7 inches in greatest
16 diameter. The wound course contributes to
17 comminuted fractures of the distal left humerus and
18 proximal left ulna. The wound course is from back
19 to front, slightly rightward, and upward.
20 Examination of the skin about the gunshot wound of
21 entrance reveals no evidence of close-range
22 firing."

23 Q. And can you tell me what comminuted
24 fractures are?

1 A. Comminuted fractures means it's more
2 complex than just a straight linear fracture across
3 the bone, so it's multiple -- it's a complex
4 fracture would be the easiest way to describe it.

5 Q. Is that something you typically see in a
6 gunshot wound?

7 A. Yes.

8 Q. Are you able to identify those injuries
9 in any of the photographs?

10 A. Okay. So the entrance is 1169, and the
11 exit is 1168.

12 Q. Actually, you can see both in both photos
13 really, right?

14 A. Yeah, you can see it at the bottom of
15 1168 and the top of 1169.

16 Q. Fair for me to assume that that's
17 nonfatal?

18 A. Correct.

19 Q. All right. No. 17.

20 I'm sorry. Have you finished
21 writing?

22 A. Yes.

23 Q. Okay. Thank you.

24 A. "No. 17: In the left axilla, between 8.0

1 and 11.0 inches beneath the top of the head, and
2 between 6.0 and 8.0 inches to the left of the
3 anterior midline, there are multiple red abrasions,
4 ranging from 0.1 to 0.3 inches in greatest
5 diameter.

6 Q. That means?

7 A. There's some scratching injuries to the
8 left armpit.

9 Q. Thank you.

10 A. They are not fatal.

11 Q. And No. 18?

12 A. "No. 18: On the anterior left thigh,
13 there is a red abrasion 0.3 inches in greatest
14 diameter."

15 This is a scratch on the left thigh
16 that is nonfatal.

17 Q. In terms of your report and these items
18 identifying evidence of injury, are these
19 conclusions to a reasonable degree of medical
20 certainty?

21 A. Yes.

22 Q. The next category is evidence of medical
23 treatment.

24 Why is that there?

1 A. We always document any medical
2 interventions that have been done that we can
3 notice at autopsy, so if there's EKG leads or tubes
4 in the mouth or nose we just document their
5 presence.

6 Q. What did you document here?

7 A. There was an endotracheal tube in the
8 mouth, and there was a decompression needle on the
9 left side of the chest. This is standard when you
10 go to the ER with a gunshot wound of the chest.
11 They'll put a needle in the chest to try to let air
12 out of the chest cavity if air has gone into it.

13 Q. You also detailed the x-rays that were
14 done, and we talked briefly about that before, and
15 this category or this portion of your report
16 reviews or identifies the injuries that you
17 observed based on the x-rays that were taken?

18 A. This does document some injuries to the
19 skeleton itself. Its main utility is for location
20 of projectiles, so when we take x-rays at the
21 beginning of a case, we note where retained
22 projectiles are on the body.

23 Q. I assume that's so you know where to
24 look?

1 A. Right.

2 Q. Okay. And can you just briefly explain
3 what you found?

4 A. Sure. So there were x-rays performed as
5 I mentioned on the head, neck, chest, pelvis,
6 abdomen, upper extremities, hand, and the lower
7 extremities.

8 No. 1 reads: "There is evidence of
9 dental restoration." That just means he's had
10 dental work done.

11 No. 2 shows that there's an
12 endotracheal tube, as I mentioned previously, in
13 the mouth. There is a bullet on the upper right
14 side of the back; a bullet on the right side of the
15 chest; a bullet on the right thigh; a bullet over
16 the right side of the pelvis; multiple small bullet
17 fragments across the left arm and hand. There are
18 multiple fractures or the comminuted fractures of
19 the left humerus and left ulna, which are arm
20 bones, and there are multiple rib fractures.

21 Q. And, at least, with the next section, you
22 identify the examination that was done after
23 opening the body up --

24 A. Yes.

1 Q. -- is that fair?

2 A. Yes.

3 Q. And the injuries that you observed, those
4 are referenced back in the part we've already
5 discussed?

6 A. Correct.

7 Q. Incidentally, did you find any evidence
8 of illness or disease in Mr. Othman?

9 A. Nothing significant, no.

10 Q. And apparently you took some sample of
11 some tissue?

12 A. Yes.

13 Q. That was for what purpose?

14 A. For toxicology.

15 Q. And was toxicology done?

16 A. Yes, basic tox was performed.

17 Q. Okay. And when you say that, what do you
18 mean?

19 A. So just basic tox is alcohol, cocaine,
20 and opiates.

21 Q. Was anything found to be in Mr. Othman's
22 system?

23 A. No.

24 Q. And it says that a blood card was

1 retained?

2 A. Yes.

3 Q. And that's for?

4 A. That's standard protocol at the ME's
5 Office. Every autopsy that's performed, a DNA
6 standard is retained in the chart.

7 Q. All right. This next section,
8 disposition of evidence, what's that?

9 A. This just lists the articles that were
10 submitted to the Chicago Police Department as
11 evidence.

12 Q. And that evidence is taken by somebody
13 from Chicago Police Department?

14 A. Yes.

15 Q. Okay. And within Exhibit 2, is there any
16 document that reflects that?

17 A. I don't see the CPD receipt here. I'm
18 not sure if they routinely provide that with the
19 chart or not.

20 Q. Okay. And under diagnoses, what were
21 your diagnoses in this case?

22 A. The first is multiple gunshot wounds, and
23 the second is cerebral edema, which is just
24 nonspecific swelling of the brain.

1 Q. So on the last page, page 14, you form an
2 opinion as to the cause of Mr. Othman's death?

3 A. Yes.

4 Q. What is that?

5 A. The cause of death of Mr. Othman was
6 multiple gunshot wounds.

7 Q. All right. I understand after reviewing
8 your report from the autopsy, you obviously
9 numbered the entries and numbered the exits for us.

10 Does each one indicate a separate
11 bullet?

12 A. For most of them, yes. However, there's
13 an injury to the hand. The gunshot wound to the
14 hand I can't be certain of that; the positioning of
15 hand at the time that bullet went through the hand.
16 I don't know if it was say adjacent to another
17 injury and that the bullet had like perforated
18 through the body and then went into the hand, for
19 example, or if it went through the hand and into
20 the body again.

21 Q. So there are at least two additional
22 wounds that -- or at least two wounds on
23 Mr. Othman's body that could have been caused by
24 re-entry of bullets?

1 A. If you're referring to the arm.

2 Q. To the arm as well?

3 A. The right arm, yes.

4 Q. Okay.

5 A. At least two. Correct.

6 Q. So each number doesn't necessarily
7 indicate a separate event?

8 A. Correct.

9 Q. Okay.

10 A. Actually, let me revise that.

11 So the graze wound also. I don't
12 know if the graze -- the graze could have been from
13 another -- could have been part of one event
14 related to an entrance, so the graze wound I can't
15 separate it. It could be related to another as
16 well.

17 Q. Okay.

18 A. So that would be three injuries total.

19 Q. Okay. Thank you.

20 Are you able to say based upon your
21 examination what position Mr. Othman was in at the
22 time of the shooting?

23 A. Could you be more specific?

24 Q. Are you able to say what he was doing;

1 whether he was standing, moving?

2 A. No, not with any certainty.

3 Q. Are there any of the bullet trajectories
4 that indicate to you that Mr. Othman was in motion
5 at the time of the shooting?

6 A. I would say as a whole because they are
7 in several different anatomic locations and they
8 are traveling in several different directions:
9 Some from front to back; some from back to front;
10 some from side to side. That indicates to me
11 movement of the body relative to the weapon.

12 Q. So if the weapon were stationary?

13 A. If the weapon were stationary, the
14 body -- it indicates that his body was moving.

15 Q. Okay. And can you say in what kind of
16 fashion?

17 A. I can only say that it moved -- relative
18 to a stationary weapon it is moving in several
19 different angles. It appears as though it's
20 turning. He's turning and so you have injuries to
21 the front, injuries to the side, and injuries to
22 the back. I don't know what direction he's
23 turning, and I don't know what direction is first
24 or last or anything like that, but it does appear

1 that with that assumption the body is moving.

2 Q. Okay. Have you encountered -- have you
3 had an autopsy like this where you've had multiple
4 trajectories in multiple directions?

5 A. Have I had them before?

6 Q. Yes.

7 A. I have, yes.

8 Q. Does that happen often --

9 A. It's --

10 Q. -- or is it atypical?

11 A. It's highly dependent on the
12 circumstances, so most cases don't have this many
13 injuries to them. So it's hard to say that you
14 would see different directions. In cases with
15 many, many gunshots it's not atypical to see
16 different positions or different trajectories of
17 the gunshot wounds so...

18 Q. Are you able to say whether Mr. Othman
19 was shot in the back while lying face-down on the
20 ground?

21 A. No.

22 Q. And why is that?

23 A. I can't comment as to the specific
24 position of a body. All I can say is relative to

1 the weapon how the body was placed, so I could say
2 that a weapon was pointed towards -- or the bullet
3 traveled towards his back from the weapon that was
4 pointing at his back, but I can't say he was laying
5 on the ground when the weapon was pointing at his
6 back.

7 Q. And with bullet trajectories, is there --
8 strike that. Let me rephrase.

9 Can you tell me whether you
10 typically see trajectories that go direct or
11 trajectories that move around within the body? I
12 mean, is that dependent on circumstances?

13 A. A wound course in general typically will
14 create a pretty discrete path. However, if it hits
15 bone or other hard objects in the body, the path
16 can move. Yes, it can be variable depending on
17 what is in the way of the bullet as it's traveling
18 through the body.

19 Q. And did you find both those circumstances
20 here?

21 A. Yes.

22 Q. Would you expect to see straight
23 trajectories if both the shooter and the target are
24 stationary?

1 A. It would be more likely, yes.

2 Q. On the last page of your report, page 14,
3 under manner of death, you indicate that it's
4 homicide?

5 A. Yes.

6 Q. And is it fair to say that just means
7 death at the hands of another?

8 A. Yes.

9 Q. So it doesn't indicate any wrongful
10 conduct?

11 A. That's correct.

12 Q. I just want to look at your diagram on
13 1127 and 1128.

14 Is it fair for me to assume that at
15 least on page 1128 that you're going to have some
16 difficulty reading what's on that sheet?

17 A. Yes.

18 Q. Do you typically highlight after you --

19 A. I do especially in a case that's
20 complicated such as this one.

21 Q. And so is that what these dark marks
22 would indicate?

23 A. Yes, these are -- my report is basically
24 direct transcription of these notes into the typed

1 report, so there wouldn't be any surprises lurking
2 underneath the highlighting.

3 Q. This information is going to be
4 consistent --

5 A. Yes.

6 Q. -- with what's in the full report?

7 A. Right.

8 Q. Okay. And these are the sheets that you
9 write up as you're doing them conducting the
10 autopsy?

11 A. Yes.

12 Q. Is there anyone else's handwriting on
13 this or is it all yours?

14 A. There shouldn't be. It is all mine.
15 Yes.

16 MS. REICH: Maybe we can take a quick
17 break?

18 (Whereupon, a short break was
19 taken.)

20 BY MS. REICH:

21 Q. Doctor, I just have a couple of last
22 questions.

23 Are you able to say with any degree
24 of medical certainty which shot was the fatal shot?

1 A. No.

2 Q. Again, you're not able to tell what order
3 the shots occurred, right?

4 A. Correct.

5 MS. REICH: It's all yours.

6 E X A M I N A T I O N

7 BY MR. KOCHANOWICZ:

8 Q. All right. You mentioned that this was a
9 complicated case.

10 Why is this a complicated case?

11 A. Just in terms of number of entries and
12 exits.

13 Q. Is this the most entries and exits you've
14 seen in your experience?

15 A. No.

16 Q. Counsel asked something to the effect of
17 would you expect to see straighter trajectories if
18 the shooter and the target were both stationary,
19 and you replied yes.

20 Why is that?

21 A. Because a stationary weapon shoots a
22 bullet theoretically in a linear path. If there's
23 no intermediary target or anything getting in the
24 way, it should hit its target straight on.

1 Q. Isn't there a great chance that if it hit
2 a bone or a rib or something and it projects
3 somewhere else as if -- as the target were moving?

4 A. Well, that's true, but I mean if we're
5 just talking about a straight -- my interpretation
6 of the question was if a weapon is stationary and
7 the target is stationary, will you see a straighter
8 path than if they are not.

9 Q. Assuming it doesn't hit anything?

10 A. Correct, and that my answer was yes, it
11 should be straighter than if one was not.

12 Q. How long does it take a bullet to travel
13 through the entire -- say, you know, if you strike
14 someone in the chest and it doesn't hit anything,
15 how long would it take to travel out of someone's
16 back?

17 MS. REICH: Objection; form, foundation,
18 compound.

19 THE WITNESS: I can't give a specific
20 number.

21 BY MR. KOCHANOWICZ:

22 Q. Would it be relatively instantaneous?

23 A. Yes.

24 Q. Can you describe -- I don't want you to

1 restate anything you've already told us, but the
2 process of your autopsy, you walk in at 8:00 in the
3 morning.

4 What has been done at that point and
5 then what do you prepare to do?

6 A. In general, the case has been entered
7 into the system, so it comes into the intake
8 department at the ME's Office at which point they
9 catalog visible personal effects and clothing.

10 If it's a homicide, they're not
11 going to disturb the body and remove anything that
12 they can't just pick up and catalog. The body is
13 weighed with clothes on.

14 If it's a case that requires x-rays
15 as in this instance, it will go to radiology for
16 examination before the actual autopsy and then from
17 radiology it either goes into storage for a while
18 in the cooler or it goes directly to autopsy.

19 Q. And then as you start your examination,
20 the first part of that process is taking
21 photographs?

22 A. So the first part is documenting what the
23 external -- of the external is documenting the
24 clothes and whatever is with the body and then the

1 photographs start of the injuries and other things
2 that are noted that are pertinent.

3 Q. Okay. And then after the photographs of
4 the exterior are taken, then you make the incision
5 and remove the interior organs?

6 A. Yes.

7 Q. You mentioned that there were -- you had
8 most likely an assistant. There was a medical
9 student there most likely?

10 A. Yes.

11 Q. You said most likely someone from the
12 IPRA?

13 A. Yes.

14 Q. And you mentioned that there were other
15 individuals there.

16 Were there other individuals
17 assisting you or would they come and watch or are
18 they working on their own cases?

19 A. No, my only -- the only person I allow to
20 touch the body during that case is my tech, so it's
21 me and my tech. Everyone else is observing. That
22 is aside from the x-ray tech who has to move the
23 body.

24 Q. I'll show you FCRL 1145.

1 Are you able to identify whether
2 that's your hand holding that?

3 A. It most likely is because I'm usually the
4 one holding the tag where I want her to take the
5 photo.

6 Q. Okay. You mentioned in terms of the
7 close-range firing to two indications, and one
8 would be gunshot residue on the skin is one
9 indication, correct?

10 A. Yes.

11 Q. And the other would be stippling?

12 A. Yes.

13 Q. And is that impacted at all if the
14 decedent is wearing clothes at the time?

15 A. Yes, it is.

16 Q. So if someone is fully clothed, would you
17 still see evidence of gunpowder on the skin if the
18 gunshot theoretically entered through clothing?

19 A. You most likely would not, no.

20 Q. Would you see still stippling on the skin
21 if theoretically the gunshot entered through
22 clothing?

23 A. It depends on how thick the clothing is.

24 Q. Is there any way for you to determine,

1 you know, any of the entrance wounds here distance
2 away from a weapon?

3 A. No.

4 Q. There's no way for you to determine
5 whether some of these wounds were inflicted when
6 the weapon was closer as opposed to farther?

7 A. That's correct.

8 Q. I notice that some of the entrance wounds
9 there's more significant bruising around the --
10 what I would call bruising around the entrance
11 wound.

12 Is there any particular reason for
13 that?

14 A. I can't give a specific explanation for
15 it. Sometimes if that part of the body is touching
16 something, it will bruise because, you know, the
17 skin will pouch out as the bullet is traveling
18 through and it will basically -- it will be
19 blunt-force injury to that part of the skin.
20 Sometimes it's just the actual trauma of the bullet
21 entering that causes bleeding into the soft tissues
22 around the entrance.

23 Q. Back to close-range firing.

24 Assuming someone is shot at within

1 two feet of the weapon, is there -- would there be
2 more damage or less damage as opposed to a weapon
3 being further away; maybe five feet away, ten feet
4 away?

5 MS. REICH: Objection to the extent it
6 calls for speculation, foundation, competence.

7 THE WITNESS: Could you specify what more
8 damage means?

9 BY MR. KOCHANOWICZ:

10 Q. Do you see different -- would the
11 entrance wound appear differently if the weapon is
12 closer as opposed to farther?

13 A. The actual entrance wound most likely
14 would not look much different. It's what you see
15 around the soot and the stippling that may differ.

16 Q. Do you have any independent recollection
17 of this autopsy?

18 A. Not beyond remembering that I did it.

19 Q. Did you prepare for this deposition
20 today?

21 A. Yes.

22 Q. How did you prepare for it?

23 A. I just reviewed my written report and
24 compared my descriptions with the photographs.

1 Q. Did you speak to anyone regarding this
2 deposition today?

3 A. I had met several weeks ago with Gail and
4 Barrett just to discuss what we discussed today,
5 the injuries and their locations.

6 Q. And what did you guys talk about?

7 A. Basically what we talked about today, so
8 the different locations of the gunshot wounds and
9 the fact that they had multiple angles and, you
10 know, how that might translate into movement of the
11 body or not.

12 Q. Okay. Are you able to determine or did
13 you make any determination based on your
14 examination of Ramiz Othman whether he was, in
15 fact, moving or whether the weapon involved was
16 moving or both?

17 A. No, I can't state with any certainty who
18 was moving.

19 Q. Prior to your examination, your autopsy,
20 did you speak with any investigators, either with
21 the police department or the IPRA or anyone?

22 A. Not that I recall. I did -- my first
23 indication of this case or my first information on
24 this case was the investigator's report, which is

1 part of the medical records or the records that you
2 have, and that is, to the best of my knowledge, all
3 I really knew about the case before I did it. I
4 think it's 1129.

5 Q. And you would have had this prior to
6 conducting your autopsy?

7 A. Yes.

8 Q. Did that influence how you conducted this
9 autopsy at all?

10 A. No, I do all multiple gunshot wounds the
11 same way.

12 Q. You don't attempt to recreate the scene
13 of this incident or any incident. Is it my
14 understanding that you're just looking at an
15 entrance wound, and you're looking to find the exit
16 wound?

17 A. That's correct.

18 Q. When you say potentially fatal, what do
19 you take into account when you say yes, that
20 particular wound is potentially fatal or that is
21 not potentially fatal?

22 A. So technically speaking, any gunshot
23 wound can be fatal. It depends on whether you seek
24 treatment. You know, a superficial gunshot wound

1 could get infected and kill you even if it doesn't
2 hit any major organ.

3 But if a bullet goes through an
4 organ like the liver or kidney, that's got a lot of
5 blood vessels in it, and it's going to bleed
6 significantly or if it hits a major blood vessel
7 and rips a hole in it, that to me is more likely
8 going to be fatal than something that just travels
9 through muscle or fat or breaks some ribs, for
10 example. So unless you seek medical treatment in a
11 timely fashion, those will more likely than not
12 kill you.

13 Q. What would you -- how would you define a
14 timely fashion?

15 A. As soon as possible. I mean, I can't
16 give you exact time, but as soon as possible.

17 Q. I'm going to ask you to refer to your
18 report again.

19 A. Okay.

20 Q. Okay. You don't have to read it out loud
21 again, but obviously you probably need to refer to
22 it.

23 In terms of No. 1, this is an
24 assumption I'm going to make for this next series

1 of questions.

2 A. Okay.

3 Q. It's my understanding, and I'm going to
4 suggest to you that the time of shooting was around
5 9:19 a.m.

6 A. Okay.

7 Q. About 9:50 Ramiz Othman was at the
8 hospital and pronounced dead, so within that half
9 hour, he had been transported by ambulance to the
10 hospital.

11 So making that assumption over this
12 next series of questions, I'm going to ask you with
13 regard to No. 1, you did say that No. 1 -- it's
14 your opinion that that wound would have been
15 potentially fatal.

16 Does that change your opinion at all
17 if he gets to the hospital and is undergoing
18 treatment within a half-hour?

19 A. No.

20 MS. REICH: Just for purposes -- I'm
21 going to say it's an incomplete hypothetical, but
22 carry on.

23 BY MR. KOCHANOWICZ:

24 Q. No, that doesn't change your opinion?

1 A. Uh-uh.

2 Q. Could he have survived that injury?

3 MS. RUBENS: I'm sorry. You've got to
4 ask her to say no. She said uh-uh.

5 THE WITNESS: No.

6 MS. RUBENS: There you go.

7 BY MR. KOCHANOWICZ:

8 Q. Could he have survived that injury?

9 MS. REICH: Objection, calls for
10 speculation, foundation.

11 THE WITNESS: I don't think I can answer
12 that with any degree of certainty. It's possible
13 he could have. It's possible he couldn't have.

14 BY MR. KOCHANOWICZ:

15 Q. Okay. And to No. 2, then I'm going to
16 ask the same questions.

17 A. Okay.

18 Q. So you said that No. 2 was potentially
19 fatal as well?

20 A. Correct.

21 Q. I'm going to ask you if he was at the
22 hospital within 30 minutes and seeking treatment,
23 would that change your opinion at all that that was
24 potentially fatal?

1 MS. REICH: Same objection.

2 THE WITNESS: No, it doesn't.

3 BY MR. KOCHANOWICZ:

4 Q. Could he have survived that wound or
5 bullet No. 2?

6 MS. REICH: Objection, calls for
7 speculation.

8 You can answer.

9 THE WITNESS: I can't answer that
10 question.

11 BY MR. KOCHANOWICZ:

12 Q. Is your answer the same as previously?

13 A. Yes.

14 Q. You don't know. He could have or could
15 not have?

16 A. It can go either way.

17 Q. With regards to No. 3, you said that was
18 not fatal?

19 A. Correct.

20 Q. No. 4, you did say that was potentially
21 fatal.

22 Does the answer change at all
23 knowing he was at the hospital within 30 minutes
24 and seeking treatment?

1 A. No.

2 MS. REICH: Objection; form, foundation,
3 calls for speculation.

4 BY MR. KOCHANOWICZ:

5 Q. Could he have survived the injury in item
6 No. 4?

7 MS. REICH: Objection, speculation.

8 THE WITNESS: He could have or couldn't
9 have. I can't say for sure.

10 BY MR. KOCHANOWICZ:

11 Q. No. 5, you said that was not fatal, not
12 potentially fatal. No. 6, you said that was not
13 potentially fatal.

14 A. Correct.

15 Q. No. 7, you said that could be potentially
16 fatal.

17 A. Correct.

18 Q. So I'm going to ask you if he was at the
19 hospital within 30 minutes of that injury seeking
20 treatment, does that change your opinion or your
21 answer at all?

22 A. No.

23 MS. REICH: Same objection.

24

1 BY MR. KOCHANOWICZ:

2 Q. Could he have survived that?

3 MS. REICH: Same objection.

4 THE WITNESS: It's possible he could
5 have, but he also could have died from it.

6 BY MR. KOCHANOWICZ:

7 Q. Okay. The injuries, the gunshot wounds
8 indicated in item Nos. 1 through 18 together, could
9 Ramiz Othman have survived those gunshot wounds
10 together?

11 MS. REICH: Objection to the extent it's
12 asked and answered, foundation, form, calls for
13 speculation.

14 THE WITNESS: It's possible. He could
15 have, but you mean these alone by themselves?

16 BY MR. KOCHANOWICZ:

17 Q. Correct, without anything else?

18 A. It's possible.

19 Q. No. 8, with respect to item No. 8, you
20 did say that was potentially fatal.

21 If we assume that he was at the
22 hospital seeking treatment within 30 minutes, would
23 your answer change?

24 A. No.

1 MS. REICH: Same objection.

2 BY MR. KOCHANOWICZ:

3 Q. Is it possible he could have survived the
4 injuries indicated in No. 8?

5 MS. REICH: Same objection.

6 THE WITNESS: Theoretically, yes.

7 BY MR. KOCHANOWICZ:

8 Q. Okay. No. 9. I don't remember if you
9 said No. 9 -- I didn't write down whether you
10 indicated that was potentially fatal or not.

11 A. This I don't believe is potentially
12 fatal. It involves the muscle of the back.

13 Q. We'll skip that one then.

14 No. 10, you did say that was
15 potentially fatal.

16 Assuming he was at the hospital
17 seeking treatment within 30 minutes, would that
18 change your answer at all?

19 A. No.

20 MS. REICH: It's an incomplete
21 hypothetical.

22 BY MR. KOCHANOWICZ:

23 Q. Could Ramiz Othman have survived the
24 injuries as indicated in No. 10?

1 MS. REICH: Objection, speculation.

2 THE WITNESS: In theory, yes, it's
3 possible.

4 BY MR. KOCHANOWICZ:

5 Q. No. 11, you did say that was potentially
6 fatal.

7 A. Correct. Yes.

8 Q. Assuming he was at the hospital within 30
9 minutes seeking treatment, does that change your
10 answer at all?

11 MS. REICH: Same objection.

12 THE WITNESS: No, it does not.

13 BY MR. KOCHANOWICZ:

14 Q. Could he have survived the injury
15 indicated in No. 11?

16 MS. REICH: Same objection.

17 THE WITNESS: Yes, it's possible.

18 BY MR. KOCHANOWICZ:

19 Q. No. 12, you indicated that was
20 potentially fatal.

21 Assuming that he was at the hospital
22 within 30 minutes seeking treatment, does that
23 change your answer at all?

24 MS. REICH: Same objection.

1 THE WITNESS: No, it does not.

2 BY MR. KOCHANOWICZ:

3 Q. Could he have survived the injuries in
4 No. 12?

5 MS. REICH: Same objection.

6 THE WITNESS: It is possible, yes.

7 BY MR. KOCHANOWICZ:

8 Q. No. 13, you indicated that was
9 potentially fatal.

10 Assuming he was at the hospital
11 seeking treatment, does that change your answer at
12 all?

13 A. No.

14 MS. REICH: Same objection.

15 BY MR. KOCHANOWICZ:

16 Q. Is it possible that he could have
17 survived the injury indicated in No. 13?

18 MS. REICH: Same objection.

19 THE WITNESS: Theoretically, yes.

20 BY MR. KOCHANOWICZ:

21 Q. I'm going to suggest to you that the
22 injuries indicated in 8, 9, 10, 11, 12, and 13, I
23 believe those are all wounds that entered through
24 the back and either exited through the front of the

1 body somewhere, but the primary entrance one is in
2 the back.

3 Would you agree with that?

4 A. Yes.

5 Q. The injuries indicated in items Nos. 8
6 through 13, would those have contributed to
7 Mr. Othman's death?

8 MS. REICH: Objection; form, foundation,
9 speculation.

10 THE WITNESS: Yes, they did contribute to
11 his death.

12 BY MR. KOCHANOWICZ:

13 Q. From the time of his -- do you know the
14 procedure at the hospital when he's pronounced dead
15 what happens to his body at that point?

16 A. No, I don't.

17 Q. From the time he's pronounced dead until
18 the next day when you begin his autopsy, does he
19 still bleed internally?

20 A. To a degree.

21 Q. Are you able to tell and were you able to
22 tell in examining the wounds to Mr. Othman whether
23 they were -- incurred by Mr. Othman within a
24 relatively short period of time? What I'm asking

1 is, I guess, could some wounds have been incurred
2 30 minutes or later than others?

3 MS. REICH: Objection to the extent it
4 calls for speculation.

5 THE WITNESS: I can say they all occurred
6 about the same time. 30 minutes is a really short
7 window. I wouldn't be able to tell by looking at
8 an injury if it happened at 12:00 or 12:30, for
9 example, but they're all fresh and happened at the
10 same time.

11 BY MR. KOCHANOWICZ:

12 Q. And maybe I understand that part of the
13 question, but my follow-up question is then -- and
14 you might have just answered it, but I
15 misunderstood that part, was when are you able to
16 tell whether bullet wounds have been incurred at
17 separate times? How many -- how much time passes?

18 MS. REICH: Objection, form.

19 THE WITNESS: I can't give you a specific
20 time frame. It just depends on how fast someone
21 starts to heal.

22 Different people heal at different
23 rates, so once your injury starts to begin that
24 process of scabbing and crusting over and healing

1 itself, at that point I can visually look at it and
2 say okay, this one is crusting over. It's starting
3 to heal. This one is not.

4 These are two different points, but
5 each person is different, so I can't look at him
6 and say this would happen at this rate.

7 BY MR. KOCHANOWICZ:

8 Q. To me, that sounds like a long period of
9 time.

10 Does scabbing, that healing process
11 start to occur before 24 hours?

12 A. I can't say for sure.

13 Q. Do you know how many total shots were
14 fired at Mr. Othman?

15 A. No.

16 MS. REICH: Objection, speculation.

17 BY MR. KOCHANOWICZ:

18 Q. In terms of the x-rays that were taken,
19 it indicates that there were minute bullet
20 fragments?

21 A. Yes.

22 Q. Is it possible for a bullet to completely
23 disintegrate when hitting a bone or a rib or
24 something like that?

1 A. Yes.

2 Q. When it refers to minute bullet
3 fragments, is it possible that a bullet completely
4 disintegrated inside Mr. Othman?

5 A. Yes, this particular injury caused the
6 fractures of the bones in the left arm, so that
7 amount of force can cause a bullet to shatter.

8 Q. Okay. It's also possible that part of
9 the bullet -- the minute fragments remained in his
10 arm, and the rest of the bullet exited his arm,
11 correct?

12 A. Yes, that's also possible.

13 Q. Was it your finding that Mr. Othman's
14 multiple rib fractures were caused by the bullets?

15 A. Yes, several different gunshot wounds
16 contributed to rib fractures.

17 Q. That were no other causes of the rib
18 fractures?

19 MS. REICH: Object to foundation.

20 THE WITNESS: No.

21 BY MR. KOCHANOWICZ:

22 Q. What would cause cerebral edema?

23 A. This is a nonspecific postmortem finding,
24 so it's caused by lack of oxygen to the brain; so

1 as a person is dying, the brain swells because they
2 are oxygen-deprived.

3 Q. The information that we talked about
4 previously in the investigator's report on page --
5 or FCRL 1129 --

6 A. Okay.

7 Q. -- it says telephone investigation.
8 Was that something your office
9 enters? Can you describe to me if you know what
10 that means?

11 A. Yes.

12 MS. REICH: Objection, foundation.

13 THE WITNESS: Yes, so at the ME's Office
14 here in Cook County, if there is a traumatic death
15 that's seen in emergency room or a hospital, they
16 have to call the Medical Examiner's Office to
17 report it. This is basically information that's
18 obtained by talking to the nurse who reported the
19 death over the phone, which is why it indicates
20 telephone investigation.

21 BY MR. KOCHANOWICZ:

22 Q. So this is the detective, and it
23 mentioned in the report Detective Stanek.
24 Detective Stanek is talking to a nurse in the ME's

1 Office?

2 MS. REICH: Objection, speculation.

3 THE WITNESS: No, the nurse is in the --
4 at Christ. She calls to report the death, but if
5 you look up at the top, there's a category listed
6 on the left, person or persons interviewed. This
7 just -- this lists the different individuals that
8 the ME investigator spoke with to complete this
9 report.

10 MR. KOCHANOWICZ: Okay.

11 THE WITNESS: So they spoke with two
12 different people.

13 BY MR. KOCHANOWICZ:

14 Q. And who is the -- is the ME investigator
15 indicated on this form somewhere?

16 A. The signature is at the bottom, No. 68,
17 and I'm trying to see if he wrote out his name. I
18 don't know if his name is printed on here anyway,
19 but it's ME Investigator 68, and I don't recall
20 whose signature that is.

21 Q. So they would have -- this summary here
22 would have been obtained from the nurse?

23 A. Part of it, yes.

24 Q. Part of it, and possibly part of it from

1 Detective Stanek?

2 MS. REICH: Objection; speculation,
3 foundation.

4 THE WITNESS: The first sentence really
5 is all the nurse contributed; this person died.

6 MR. KOCHANOWICZ: Okay.

7 THE WITNESS: So the rest of it, as I
8 read this report, my interpretation is that the
9 detective related the rest of the information.

10 BY MR. KOCHANOWICZ:

11 Q. Are you able to rule out whether
12 Ramiz Othman was moving toward or away -- are you
13 able to determine whether Ramiz Othman was moving
14 toward or away from the gunman in this instance?

15 MS. REICH: Objection; form, foundation,
16 speculation.

17 THE WITNESS: No, I can't determine that.

18 MS. REICH: Competence.

19 BY MR. KOCHANOWICZ:

20 Q. Are you able to determine whether
21 Ramiz Othman was trying to protect himself while he
22 was being shot?

23 MS. REICH: Same objections.

24 THE WITNESS: I can't determine that.

1 BY MR. KOCHANOWICZ:

2 Q. You indicated previously when we were
3 talking about bullets passing through part of the
4 body, you moved your left hand in front of your
5 body this way. (Indicating.)

6 A. Yes.

7 Q. When, in fact, the bullet entered his
8 palm, it's my understanding.

9 A. Yes.

10 Q. Would that be correct?

11 A. (Nodding of the head.)

12 Q. Would that possibly be an indication that
13 he was trying to protect himself if the bullet
14 enters through his palm?

15 A. It's possible.

16 MS. REICH: Objection; form, foundation.

17 THE WITNESS: It's possible, but all I
18 can really say is that it entered the front of his
19 hand.

20 BY MR. KOCHANOWICZ:

21 Q. You didn't have any other clinical
22 information or medical records for Ramiz Othman
23 when you did this autopsy, did you?

24 A. Not to my knowledge, no.

1 Q. Okay. Any other documentation that is
2 not here in the report that was available to you
3 that you referred to in terms of conducting this
4 autopsy?

5 A. No, not that I recall.

6 MR. KOCHANOWICZ: I'm going to show you
7 what I will mark -- could you mark that Group
8 Exhibit 4?

9 (WHEREUPON, PHOTOGRAPHS WERE MARKED
10 DR. McELLIGOTT DEPOSITION GROUP
11 EXHIBIT NO. 4 FOR IDENTIFICATION AS
12 OF 6/5/13.)

13 BY MR. KOCHANOWICZ:

14 Q. I'm going to show you what's been marked
15 as Group Exhibit 4.

16 A. Okay.

17 Q. I'm going to suggest to you that this is
18 the location where Ramiz Othman was lying when he
19 was treated or taken to the hospital by the
20 appropriate EMT's.

21 A. Okay.

22 Q. And I'll ask you have you ever in your
23 experience reviewed crime scene photographs?

24 A. Yes.

1 Q. Considering the number of gunshot wounds
2 that Ramiz Othman sustained, does the amount of
3 blood here that is on the floor indicate anything
4 at all to you?

5 MS. REICH: Objection; form, foundation,
6 speculation, competence.

7 THE WITNESS: Could you be more specific?

8 BY MR. KOCHANOWICZ:

9 Q. Would you suspect that there would have
10 been more or less blood on the floor here
11 considering the number of wounds that Ramiz Othman
12 sustained?

13 MS. REICH: Objection, speculation.

14 THE WITNESS: No, I don't draw any
15 conclusions from the amount of blood relative to
16 the number of injuries.

17 BY MR. KOCHANOWICZ:

18 Q. Considering Ramiz Othman sustained at
19 least 14 wounds, would you expect that he would
20 bleed externally a substantial amount?

21 MS. REICH: Objection to the form of the
22 question, mischaracterizes previous testimony.

23 MS. RUBENS: Assumes facts not in
24 evidence.

1 MS. REICH: And vague.

2 THE WITNESS: I expect generally that
3 someone who has been shot multiple times will
4 bleed, but I can't say how much or how little
5 they're going to bleed.

6 BY MR. KOCHANOWICZ:

7 Q. Some people bleed more than others or
8 does it --

9 A. Some bleed more than others. It's true.
10 They do.

11 Q. Does it depend on the location of the
12 wounds as well?

13 A. If they're wearing clothes, the clothes
14 could get saturated by blood and not leave as much
15 on the ground so...

16 Q. With respect to your report, evidence of
17 injury No. 1 --

18 A. Okay.

19 Q. -- previously marked FCRL 1145 --

20 A. Yes.

21 Q. -- this is the one I marked, but you
22 indicated that there was a downward -- the entrance
23 wound was by Ramiz Othman's left side of his neck,
24 and the exit wound was right by the chest. You

1 indicated that was a downward trajectory of back to
2 front.

3 Do you make any effort or is it your
4 job to determine how Ramiz Othman was positioned,
5 how his body was located at the time he was shot?

6 A. No, all I determine is what the entrance
7 wound is and what the exit wound is.

8 Q. Okay. So, for example, you don't make an
9 effort to indicate whether he was bending over or
10 whether someone was standing above him and shot
11 down?

12 A. It would be poor practice to do that. I
13 have no way of knowing that at the time of autopsy.

14 MR. KOCHANOWICZ: All right. I don't
15 have anything else.

16 MS. REICH: Just a few follow-ups.

17 FURTHER EXAMINATION

18 BY MS. REICH:

19 Q. Counsel asked you about the procedures
20 that occur at the ME's Office prior to your
21 conducting the autopsy.

22 A. Yes.

23 Q. And one of the things that you indicated
24 is that personal effects are cataloged, and

1 clothing is cataloged, and they intake all those
2 items?

3 A. Yes.

4 Q. So I'm going to ask you is that
5 reflected? Are the things that were cataloged and
6 that accompanied Mr. Othman identified in FCRL 1131
7 and 1135?

8 A. Yes.

9 Q. Those are the documents that are kept in
10 the ordinary course of business where those things
11 are reported?

12 A. Yes. Correct.

13 Q. And that's somebody else that does that,
14 right, not you?

15 A. Right.

16 Q. And is it fair to say that at least
17 with -- are these things that you review prior to
18 the autopsy?

19 A. Yes.

20 Q. Okay.

21 A. I should have them prior to autopsy.

22 Q. Okay. And just for the sake of
23 identifying it, No. 1131, correct me if I'm wrong,
24 indicates that there was a white cell phone, a key

1 chain with a key on it, a metal chain, a metal
2 medallion. I can't read that word.

3 A. I think it says white metal chain.

4 Q. White?

5 A. Yeah, white metal chain, white metal
6 medallion.

7 Q. Okay. Two \$100 dollar bills. I think
8 that says four \$20 bills and three single dollar
9 bills; is that fair?

10 A. Yes, that's what I see.

11 Q. And were those items with the body when
12 you --

13 A. No, the personal effects, especially
14 valuables, are placed in a safe.

15 Q. By someone at the ME's Office?

16 A. Right, by the intake attendant.

17 Q. Oh, okay.

18 A. Whoever filled out this form.

19 Q. And turning to 1135, this is the clothing
20 that accompanied Mr. Othman?

21 A. That's correct. This is actually the --
22 kind of an after-the-fact inventory, so this again
23 goes through intake, but this is the clothing that
24 is -- has already been examined and documented

1 so...

2 Q. And turning to Group Exhibit 3, the
3 photographs --

4 A. Yes.

5 Q. -- the clothing that's described in FCRL
6 1135 on that clothing inventory sheet --

7 A. Yes.

8 Q. -- is it fair to say that in FCRL 1172,
9 73, 74, 75, 76, and 77 are, in fact, that clothing?

10 A. Yes.

11 Q. Okay. And looking at FCRL 1157, was that
12 Mr. Othman's shirt that accompanied him?

13 A. Yes, it's one of them. I can't tell if
14 it's the T-shirt or the sleeveless shirt though.

15 Q. I'm sorry. There were two?

16 A. Yeah, so that's the sleeveless shirt
17 there. I believe that photo you were just showing
18 me was the short-sleeved shirt. Yes.

19 Q. So there was a sleeveless shirt like a
20 tank top?

21 A. Right.

22 Q. And then another shirt as well?

23 A. Right.

24 Q. Okay. So 1175 is a T-shirt, and 1173 is

1 a --

2 A. Sleeveless shirt.

3 Q. -- sleeveless shirt? Okay.

4 Is it fair to say they're both
5 blood-soaked?

6 A. Yes.

7 Q. You did some examination of the clothing,
8 right?

9 A. Yes.

10 Q. Did you find any gunshot residue on the
11 clothing?

12 A. Not that I recall. I would have noted it
13 if I had found something significant on the
14 clothing, but I am not a clothing examination
15 expert by any means.

16 Q. You do indicate though in the first
17 paragraph of your external examination that the
18 clothing contained gunshot defects?

19 A. That's correct.

20 Q. So that was observable to you?

21 A. Yes.

22 Q. Oh, so is the black belt. That also had
23 a gunshot defect?

24 A. Correct.

1 Q. Okay. Counsel was asking you about the
2 wounds that were potentially fatal, both front and
3 back, right?

4 A. Yes.

5 Q. Just a few minutes ago, do you remember
6 that?

7 A. Yes.

8 Q. Is it possible that Mr. Othman could have
9 been mortally or fatally wounded as a result of a
10 shot to the front before any bullet entered his
11 back?

12 A. Yes, it's possible.

13 Q. Your report also indicates in several
14 places, and correct me if I'm wrong, that there was
15 internal bleeding?

16 A. Correct.

17 Q. Is that something that's unusual with
18 gunshot wounds?

19 A. No.

20 MS. REICH: Okay. I have nothing
21 further.

22 F U R T H E R E X A M I N A T I O N

23 BY MR. KOCHANOWICZ:

24 Q. Do you have any knowledge of whether or

1 not Mr. Othman was alive when he was removed from
2 the residence, the location of this shooting?

3 A. I assume he had vitals because he was --
4 again, he was intubated, and they attempted some
5 lifesaving measures, but I don't know for certain.

6 Q. Do you have any opinion whether any of
7 the gunshot wounds, any one or several of the
8 gunshot wounds, were more fatal or potentially
9 fatal or less potentially fatal than others?

10 MS. REICH: Objection to the form of the
11 question.

12 MS. RUBENS: Asked and answered.

13 MS. REICH: And to the extent it's asked
14 and answered.

15 THE WITNESS: Aside from what we've gone
16 through, the -- there were some that were by
17 themselves less fatal than others, and there were
18 some that by themselves are potentially fatal.

19 BY MR. KOCHANOWICZ:

20 Q. In terms of the determining the cause of
21 death, the multiple gunshot wounds, are you
22 considering everything that we've talked about in
23 terms of being potentially fatal or are you
24 determining all those wounds or injuries in terms

1 of determining that cause of death?

2 A. As a collective whole, as a group, they
3 are all fatal together.

4 Q. Okay.

5 A. Which is why we say multiple gunshot
6 wounds because we can't pick one over another.

7 Q. There was no, for example, collection of
8 blood in the lungs or one particular wound or
9 specific injury where you said hey, that one was
10 definitely more serious than others?

11 MS. REICH: Objection to form.

12 MS. RUBENS: And I'll say outside of what
13 she's already testified to.

14 THE WITNESS: In the wording, are you
15 referring to why I word the cause of death the way
16 I word it? I guess I'm just confused by the
17 question.

18 BY MR. KOCHANOWICZ:

19 Q. Yes.

20 A. No, I don't select one in terms of
21 potential fatality over another.

22 Q. Okay.

23 A. So just because they are more than -- is
24 more than one gunshot wound, it goes out as

1 multiple gunshot wounds with all of them
2 contributing to death.

3 MR. KOCHANOWICZ: Okay. I have nothing
4 else.

5 MS. REICH: Okay. At this point, you've
6 given depositions before, so would you care to
7 reserve signature or waive signature?

8 THE WITNESS: I'll reserve it.

9
10 (AND FURTHER DEPONENT SAITH NOT)
11
12
13
14
15
16
17
18
19
20
21
22
23
24

1 I hereby certify that I have read the
2 foregoing transcript of my deposition given at the
3 time and place aforesaid, consisting of pages 1
4 through 123, inclusive, and I do again subscribe
5 and make oath that the same is a true, correct and
6 complete transcript of my deposition given as
7 aforesaid, with corrections, if any, appearing on
8 the attached correction sheet(s).

9
10 _____ Correction sheet(s) attached.

11
12
13
14 _____
HILARY STRAWN McELLIGOTT, MD

15
16
17
18
19 Subscribed and sworn to
20 before me this ____ day of
21 _____, A.D. 2013.

22
23
24 _____
Notary Public

STATE OF ILLINOIS)) SS.
COUNTY OF C O O K)

I, Renee M. LaPorta, a Certified
Shorthand Reporter in and for the County of Cook
and State of Illinois, do hereby certify that on
the 5th day of June, 2013, I was present at
30 North LaSalle Street, Suite 900, Chicago,
Illinois, at the taking of the deposition of
HILARY STRAWN McELLIGOTT, MD, produced as a witness
for discovery examination in said cause.

I further certify that the said witness, HILARY STRAWN McCELLIGOTT, MD, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid before the taking of the deposition; that the testimony was reduced to writing in the presence of said witness by means of machine shorthand, and afterwards said stenographic notes were reduced to typewriting.

I further certify that there were present at the taking of the deposition MR. CHRISTOPHER S. KOCHANOWICZ, on behalf of the Plaintiffs; MS. GAIL REICH, on behalf of the Defendant, City of Chicago; and

1 MS. BARRETT E. RUBENS, on behalf of the Defendant,
2 Aaron Carranza.

3 I further certify that I am in no way
4 related to any of the parties to this suit, nor am
5 I in any way interested in the outcome thereof.

6 I further certify that this certificate
7 annexed hereto applies to the original and
8 typewritten copies only, signed and certified
9 transcripts only. I assume no responsibility for
10 the accuracy of any reproduced copies not made
11 under my control or direction.

12 In testimony whereof, I have hereunto set
13 my hand and affixed my signature this 18th day of
14 June, 2015.

15
16
17 RENE M. LaPORTA

18 _____
19 CSR No. 084-004328
20 My Commission expires 5/31/15
21
22
23
24

103:22, 104:5
8.0 [2] - 73:24, 74:2
8.5 [1] - 51:13
850 [2] - 9:16, 13:15
86 [1] - 3:7
8:00 [1] - 88:2

9

9 [10] - 30:19, 40:6,
 40:8, 45:12, 57:17,
 57:24, 58:17, 101:8,
 101:9, 103:22
9.0 [1] - 30:12
900 [4] - 1:20, 2:9,
 2:15, 125:7
99 [1] - 23:21
9:19 [1] - 96:5
9:50 [1] - 96:7

A

a-b-d-o [1] - 65:10
A.D [1] - 124:21
a.m [2] - 1:22, 96:5
AAFS [1] - 11:22
AARON [1] - 1:11
Aaron [3] - 2:17,
 4:15, 126:2
abd [1] - 65:8
ABD [1] - 65:9
abdo [1] - 65:9
abdomen [19] -
 24:13, 31:24, 47:24,
 48:8, 50:16, 50:18,
 51:1, 51:10, 52:10,
 53:16, 54:2, 54:24,
 64:22, 65:9, 65:15,
 66:24, 67:24, 76:6
abdominal [1] - 64:7
able [30] - 16:7,
 22:15, 29:12, 32:11,
 35:2, 36:3, 37:2,
 41:17, 55:8, 55:13,
 56:24, 59:17, 62:18,
 65:6, 68:13, 73:8,
 80:20, 80:24, 82:18,
 85:23, 86:2, 90:1,
 93:12, 104:21, 105:7,
 105:15, 110:11,
 110:13, 110:20
abrasion [24] -
 30:17, 35:6, 36:1,
 40:15, 40:20, 42:15,
 45:11, 48:4, 51:6,
 53:21, 56:1, 56:12,
 57:23, 58:14, 61:13,
 62:3, 64:3, 65:24,
 67:19, 68:5, 70:6,

70:20, 72:8, 74:13
abrasions [1] - 74:3
Academy [1] - 11:21
accompanied [3] -
 116:6, 117:20, 118:12
according [3] - 10:2,
 55:15, 65:13
account [1] - 94:19
accuracy [4] - 20:20,
 21:8, 21:21, 126:10
accurate [2] - 16:24,
 22:3
actual [5] - 36:9,
 40:13, 88:16, 91:20,
 92:13
addition [1] - 10:15
additional [3] - 10:5,
 40:12, 79:21
Additionally [1] -
 21:11
address [1] - 13:5
adjacent [2] - 25:24,
 79:16
adjunct [1] - 10:23
administrator [1] -
 1:5
adrenal [2] - 48:8,
 50:4
affect [1] - 8:2
affected [1] - 36:15
affixed [1] - 126:13
aforsaid [3] - 124:3,
 124:7, 125:14
after-the-fact [1] -
 117:22
afterwards [1] -
 125:18
age [1] - 26:20
agency [1] - 20:18
ago [3] - 5:22, 93:3,
 120:5
agree [1] - 104:3
ahead [1] - 24:3
air [2] - 75:11, 75:12
airway [1] - 41:15
alcohol [1] - 77:19
alive [1] - 121:1
allow [1] - 89:19
alone [2] - 23:23,
 100:15
ambulance [1] - 96:9
American [1] - 11:21
amount [6] - 20:13,
 63:1, 107:7, 113:2,
 113:15, 113:20
Anatomic [1] - 8:1
anatomic [5] - 7:19,
 7:23, 8:7, 55:15, 81:7
AND [1] - 123:9
ANDERSON [1] - 1:6

angles [2] - 81:19,
 93:9
annexed [1] - 126:7
answer [13] - 6:4,
 87:10, 97:11, 98:8,
 98:9, 98:12, 98:22,
 99:21, 100:23,
 101:18, 102:10,
 102:23, 103:11
answered [4] -
 100:12, 105:14,
 121:12, 121:14
answers [1] - 40:23
anterior [22] - 30:14,
 30:22, 31:1, 42:1,
 42:12, 42:18, 45:8,
 45:18, 48:1, 51:3,
 51:14, 52:12, 53:18,
 54:8, 56:9, 61:24,
 66:9, 68:2, 70:5,
 70:16, 74:3, 74:12
anyway [1] - 109:18
aorta [5] - 56:6,
 57:10, 64:8, 64:22
apparent [1] - 27:5
appear [3] - 18:12,
 81:24, 92:11
appeared [2] - 28:3,
 28:4
Appeared [3] - 2:5,
 2:11, 2:17
appearing [1] - 124:7
applies [1] - 126:7
appointments [1] -
 10:18
appropriate [2] -
 11:14, 112:20
approximate [1] -
 9:20
approximation [1] -
 13:19
April [1] - 10:3
area [15] - 30:21,
 42:17, 45:14, 48:7,
 51:9, 54:1, 56:4, 58:3,
 59:3, 61:15, 64:5,
 66:2, 67:21, 70:22,
 72:10
areas [1] - 36:8
arm [18] - 28:3, 28:4,
 58:10, 58:19, 59:5,
 60:8, 60:12, 60:18,
 72:11, 72:13, 76:17,
 76:19, 80:1, 80:2,
 80:3, 107:6, 107:10
armpit [6] - 59:2,
 59:4, 59:5, 60:2, 63:3,
 74:8
articles [4] - 25:24,
 26:2, 26:8, 78:9

AS [4] - 4:3, 15:22,
 17:11, 112:11
aside [2] - 17:21,
 89:22
Aside [1] - 121:15
aspirate [2] - 41:17,
 41:19
aspiration [1] - 31:4
assist [1] - 6:16
assistant [2] - 11:6,
 89:8
ASSISTANT [1] - 2:7
assisting [1] - 89:17
assists [1] - 22:19
associate [1] - 65:6
associated [6] -
 31:8, 43:2, 48:14,
 56:19, 61:21, 66:12
ASSOCIATES [1] -
 2:2
Association [1] -
 11:23
assume [9] - 53:12,
 71:13, 71:20, 73:16,
 75:23, 84:14, 100:21,
 121:3, 126:9
Assumes [1] -
 113:23
assuming [1] - 21:4
Assuming [6] - 87:9,
 91:24, 101:16, 102:8,
 102:21, 103:10
assumption [3] -
 82:1, 95:24, 96:11
attached [2] - 124:8,
 124:10
attempt [1] - 94:12
attempted [1] - 121:4
attend [1] - 23:18
attendant [1] -
 117:16
attended [1] - 7:14
attending [2] - 8:23,
 9:2
attends [1] - 23:11
Attorney [2] - 15:5,
 15:6
atypical [2] - 82:10,
 82:15
August [5] - 6:9,
 18:22, 22:5, 25:5,
 25:9
author [1] - 16:15
authored [4] - 16:8,
 16:20, 16:21, 17:1
authoritative [2] -
 13:2, 14:4
Authority [2] - 23:9,
 23:18
autopsies [7] - 9:4,

9:5, 9:8, 9:10, 9:13,
 10:13, 22:21
autopsy [31] - 6:8,
 19:8, 19:21, 20:11,
 22:9, 23:11, 23:18,
 24:2, 24:23, 25:23,
 31:18, 36:6, 75:3,
 78:5, 79:8, 82:3,
 85:10, 88:2, 88:16,
 88:18, 92:17, 93:19,
 94:6, 94:9, 104:18,
 111:23, 112:4,
 115:13, 115:21,
 116:18, 116:21
available [1] - 112:2
axilla [2] - 58:5,
 73:24

B

bad [1] - 11:9
ballistics [3] - 13:22,
 14:3, 14:6
barrel [3] - 38:9,
 38:16, 38:19
BARRETT [2] - 2:14,
 126:1
Barrett [2] - 4:14,
 93:4
based [5] - 20:4,
 67:9, 75:17, 80:20,
 93:13
basic [2] - 77:16,
 77:19
Bates [2] - 18:1, 20:1
bears [1] - 21:12
because.. [1] - 66:21
begin [2] - 104:18,
 105:23
beginning [3] - 25:2,
 50:12, 75:21
behalf [8] - 2:5, 2:11,
 2:17, 4:14, 15:4,
 125:22, 125:23, 126:1
BEHAN [1] - 1:12
belly [1] - 46:13
belongs [1] - 18:18
below [3] - 26:24,
 29:10, 29:13
belt [2] - 26:6,
 119:22
bending [1] - 115:9
beneath [31] - 30:13,
 30:24, 42:11, 42:23,
 45:7, 45:17, 47:24,
 48:16, 51:2, 51:12,
 52:11, 53:17, 54:7,
 55:21, 56:8, 57:19,
 58:5, 58:11, 61:9,

61:23, 63:23, 64:10,
65:20, 66:7, 67:15,
68:1, 70:17, 71:1,
72:5, 72:13, 74:1
benefit [1] - 64:24
best [1] - 94:2
better.. [1] - 52:20
between [9] - 13:20,
35:3, 36:8, 36:9,
38:18, 46:3, 49:14,
73:24, 74:2
beyond [2] - 29:2,
92:18
Beyond [1] - 14:1
bills [3] - 117:7,
117:8, 117:9
bit [1] - 59:13
bits [2] - 38:14,
38:23
black [5] - 26:5, 26:6,
39:4, 119:22
bleed [7] - 95:5,
104:19, 113:20,
114:4, 114:5, 114:7,
114:9
bleeding [7] - 41:15,
44:9, 50:17, 54:23,
66:23, 91:21, 120:15
bleeds [1] - 67:1
blood [23] - 31:4,
41:17, 41:19, 43:4,
48:11, 50:15, 50:16,
54:10, 56:17, 61:19,
62:24, 63:1, 64:14,
66:11, 77:24, 95:5,
95:6, 113:3, 113:10,
113:15, 114:14,
119:5, 122:8
blood-soaked [1] -
119:5
blue [2] - 26:6, 33:21
blunt [1] - 91:19
blunt-force [1] -
91:19
body [59] - 8:2, 8:5,
22:23, 25:16, 25:22,
25:24, 26:1, 26:14,
30:23, 31:17, 35:10,
35:22, 37:8, 38:4,
38:13, 40:4, 40:9,
43:14, 44:12, 45:1,
45:16, 46:11, 48:15,
51:11, 52:7, 56:7,
58:4, 58:10, 61:22,
67:24, 70:24, 72:12,
75:22, 76:23, 79:18,
79:20, 79:23, 81:11,
81:14, 82:1, 82:24,
83:1, 83:11, 83:15,
83:18, 88:11, 88:12,

88:24, 89:20, 89:23,
91:15, 93:11, 104:1,
104:15, 111:4, 111:5,
115:5, 117:11
bone [4] - 73:3,
83:15, 87:2, 106:23
bones [2] - 76:20,
107:6
bottom [3] - 21:5,
73:14, 109:16
braided [1] - 27:1
brain [3] - 78:24,
107:24, 108:1
break [5] - 6:24,
47:15, 47:17, 85:17,
85:18
breaks [1] - 95:9
breathe [1] - 41:17
briefly [2] - 75:14,
76:2
broke [1] - 44:8
broken [1] - 27:11
brown [1] - 27:1
BRUGGEMAN [1] -
2:2
bruise [1] - 91:16
bruising [2] - 91:9,
91:10
buckle [1] - 26:7
bullet [46] - 35:8,
35:22, 36:12, 38:11,
41:16, 42:21, 43:17,
44:11, 53:9, 54:5,
54:17, 59:8, 64:9,
65:7, 65:15, 66:6,
67:7, 76:13, 76:14,
76:15, 76:16, 79:11,
79:15, 79:17, 81:3,
83:2, 83:7, 83:17,
86:22, 87:12, 91:17,
91:20, 95:3, 98:5,
105:16, 106:19,
106:22, 107:2, 107:3,
107:7, 107:9, 107:10,
111:7, 111:13, 120:10
bullets [4] - 55:10,
79:24, 107:14, 111:3
burnt [1] - 38:15
business [4] - 16:22,
19:17, 21:24, 116:10
buttock [1] - 54:4
buttocks [2] - 32:2,
37:14
BY [65] - 2:2, 2:8,
2:14, 3:5, 5:8, 9:21,
11:16, 16:1, 17:13,
18:3, 33:19, 35:1,
39:5, 44:2, 47:10,
47:19, 49:10, 63:20,
65:17, 69:2, 69:11,

69:22, 85:20, 86:7,
87:21, 92:9, 96:23,
97:7, 97:14, 98:3,
98:11, 99:4, 99:10,
100:1, 100:6, 100:16,
101:2, 101:7, 101:22,
102:4, 102:13,
102:18, 103:2, 103:7,
103:15, 103:20,
104:12, 105:11,
106:7, 106:17,
107:21, 108:21,
109:13, 110:10,
110:19, 111:1,
111:20, 112:13,
113:8, 113:17, 114:6,
115:18, 120:23,
121:19, 122:18

C

cannot [1] - 49:14
capacity [1] - 1:12
card [1] - 77:24
care [2] - 34:4, 123:6
career [2] - 9:14,
13:15
CARRANZA [1] -
1:11
Carranza [3] - 2:17,
4:15, 126:2
carry [1] - 96:22
Case [2] - 4:21,
18:20
case [17] - 15:2,
15:3, 15:8, 18:18,
25:15, 36:14, 75:21,
78:21, 84:19, 86:9,
86:10, 88:6, 88:14,
89:20, 93:23, 93:24,
94:3
cases [8] - 11:13,
14:15, 14:16, 23:19,
23:20, 82:12, 82:14,
89:18
catalog [2] - 88:9,
88:12
cataloged [3] -
115:24, 116:1, 116:5
category [5] - 28:1,
30:11, 74:22, 75:15,
109:5
caused [8] - 41:15,
44:9, 50:17, 53:10,
79:23, 107:5, 107:14,
107:24
causes [5] - 35:9,
38:10, 62:23, 91:21,
107:17

cavity [9] - 43:4,
48:12, 54:11, 56:18,
61:20, 63:1, 64:14,
66:11, 75:12
cell [1] - 116:24
cerebral [2] - 78:23,
107:22
certain [2] - 79:14,
121:5
certainty [5] - 74:20,
81:2, 85:24, 93:17,
97:12
certificate [2] -
16:18, 126:6
certified [1] - 126:8
Certified [2] - 1:16,
125:3
certify [6] - 124:1,
125:5, 125:11,
125:20, 126:3, 126:6
cetera [2] - 7:1
chain [4] - 117:1,
117:3, 117:5
chance [3] - 15:15,
17:16, 87:1
change [10] - 96:16,
96:24, 97:23, 98:22,
99:20, 100:23,
101:18, 102:9,
102:23, 103:11
changed [1] - 8:24
chart [2] - 78:6,
78:19
chemistry [1] - 8:5
chest [33] - 24:13,
30:24, 31:23, 33:1,
36:22, 37:13, 42:10,
43:4, 44:8, 44:10,
45:6, 45:15, 45:16,
46:10, 46:12, 51:11,
51:12, 56:8, 56:18,
57:10, 61:19, 61:23,
62:24, 66:7, 67:11,
75:9, 75:10, 75:11,
75:12, 76:5, 76:15,
87:14, 114:24
Chicago [10] - 1:20,
2:9, 2:11, 2:15, 4:21,
7:13, 78:10, 78:13,
125:7, 125:24
CHICAGO [3] - 1:10,
2:7, 2:13
chief [2] - 9:24, 10:6
Chris [1] - 4:12
Christ [1] - 109:4
CHRISTOPHER [2] -
2:2, 125:22
circle [1] - 33:4
circumferential [11] -
42:14, 48:4, 51:6,

56:1, 61:12, 62:3,
64:2, 65:23, 67:18,
70:19, 72:7
circumstances [3] -
82:12, 83:12, 83:19
CITY [3] - 1:10, 2:7,
2:13
City [3] - 2:11, 4:21,
125:24
civil [2] - 14:15, 15:2
Civil [2] - 1:18, 5:3
claws [1] - 29:15
clear [1] - 6:21
clinical [3] - 7:19,
8:3, 111:21
clock [2] - 40:17,
40:21
close [30] - 31:12,
32:21, 33:2, 35:13,
35:24, 37:22, 38:3,
38:4, 39:12, 43:8,
45:23, 48:21, 51:19,
52:16, 54:14, 56:23,
57:6, 58:22, 59:21,
62:8, 62:13, 64:18,
66:16, 67:4, 68:11,
71:6, 71:8, 72:21,
90:7, 91:23
close-range [20] -
31:12, 37:22, 38:3,
39:12, 43:8, 45:23,
48:21, 51:19, 52:16,
54:14, 56:23, 58:22,
62:8, 64:18, 66:16,
68:11, 71:6, 72:21,
90:7, 91:23
close-up [8] - 32:21,
33:2, 35:13, 35:24,
57:6, 59:21, 62:13,
67:4
close-ups [1] - 71:8
closer [3] - 60:15,
91:6, 92:12
clothed [1] - 90:16
clothes [6] - 25:19,
88:13, 88:24, 90:14,
114:13
clothing [20] - 25:24,
26:2, 26:8, 26:11,
26:14, 88:9, 90:18,
90:22, 90:23, 116:1,
117:19, 117:23,
118:5, 118:6, 118:9,
119:7, 119:11,
119:14, 119:18
clotted [7] - 43:4,
48:11, 54:10, 56:17,
61:19, 64:14, 66:11
cocaine [1] - 77:19
collaborate [1] - 24:1

collection [1] - 122:7
collective [1] - 122:2
commencing [1] - 1:21
comment [1] - 82:23
comminuted [3] - 72:17, 72:23, 76:18
Comminuted [1] - 73:1
Commission [1] - 126:18
compare [1] - 20:22
compared [1] - 92:24
Competence [1] - 110:18
competence [2] - 92:6, 113:6
complaints [1] - 12:19
complete [4] - 20:5, 20:8, 109:8, 124:6
completed [1] - 16:12
completely [2] - 106:22, 107:3
complex [2] - 73:2, 73:3
complicated [3] - 84:20, 86:9, 86:10
complied [1] - 34:21
complies [10] - 34:19, 43:22, 46:2, 46:5, 51:24, 53:3, 59:24, 61:2, 61:6, 62:11
compound [1] - 87:18
conclusions [2] - 74:19, 113:15
conduct [1] - 84:10
conducted [2] - 22:5, 94:8
conducting [5] - 22:9, 85:9, 94:6, 112:3, 115:21
confused [2] - 37:7, 122:16
connect [1] - 34:17
connection [1] - 36:9
Considering [2] - 113:1, 113:18
considering [2] - 113:11, 121:22
consistent [2] - 26:8, 85:4
consisting [1] - 124:3
contain [1] - 16:3
contained [2] - 16:14, 119:18

contribute [1] - 104:10
contributed [4] - 54:23, 104:6, 107:16, 110:5
contributes [11] - 31:4, 43:1, 48:10, 54:9, 56:16, 61:18, 62:23, 64:12, 66:9, 66:23, 72:16
contributing [1] - 123:2
control [3] - 10:11, 11:8, 126:11
Cook [3] - 8:14, 108:14, 125:4
cooler [1] - 88:18
copies [3] - 17:1, 126:8, 126:10
copper [4] - 42:21, 54:5, 64:9, 66:5
copper-jacketed [4] - 42:21, 54:5, 64:9, 66:5
Coroner's [1] - 13:12
CORPORATION [2] - 2:7, 2:13
Corporation [1] - 1:11
correct [24] - 17:4, 17:17, 18:12, 19:2, 21:4, 25:6, 27:2, 32:7, 45:2, 47:12, 53:14, 54:18, 60:14, 84:11, 90:9, 91:7, 94:17, 107:11, 111:10, 116:23, 117:21, 119:19, 120:14, 124:5
Correct [34] - 6:11, 12:3, 13:9, 13:11, 14:2, 18:13, 18:23, 20:24, 23:15, 27:15, 30:3, 32:9, 39:17, 46:15, 49:12, 60:10, 60:16, 70:14, 71:22, 73:18, 77:6, 80:5, 80:8, 86:4, 87:10, 97:20, 98:19, 99:14, 99:17, 100:17, 102:7, 116:12, 119:24, 120:16
correction [1] - 124:8
Correction [1] - 124:10
corrections [1] - 124:7
correlate [1] - 30:9
correspond [1] - 36:4

corresponding [1] - 32:10
Counsel [3] - 86:16, 115:19, 120:1
COUNSEL [2] - 2:7, 2:13
counsel [1] - 6:20
counsel's [1] - 33:3
County [6] - 8:14, 10:1, 13:12, 15:1, 108:14, 125:4
COUNTY [1] - 125:2
couple [1] - 85:21
course [63] - 16:22, 19:16, 21:23, 24:2, 30:20, 30:23, 31:4, 31:9, 36:6, 36:12, 37:4, 42:16, 43:1, 43:5, 44:21, 45:13, 45:15, 45:20, 46:20, 48:6, 48:10, 48:15, 48:18, 50:12, 51:8, 51:11, 51:16, 52:14, 53:24, 54:9, 54:11, 56:3, 56:7, 56:16, 56:20, 57:14, 58:2, 58:4, 58:9, 58:18, 58:19, 61:14, 61:17, 61:22, 62:5, 64:4, 64:12, 64:15, 66:1, 66:9, 66:13, 67:20, 67:23, 68:8, 70:21, 70:24, 71:3, 72:9, 72:12, 72:16, 72:18, 83:13, 116:10
COURT [1] - 1:3
court [2] - 9:7, 14:12
Court [1] - 4:22
Courts [1] - 1:19
CPD [1] - 78:17
create [1] - 83:14
creating [1] - 31:18
crime [1] - 112:23
criminal [4] - 14:15, 14:17, 15:2, 15:3
cross [3] - 34:12, 68:18, 68:20
crusting [2] - 105:24, 106:2
CSR [1] - 126:18
current [3] - 7:7, 9:6, 13:5
curriculum [1] - 7:7
CV [3] - 1:9, 4:21, 7:2

D

damage [4] - 36:23, 92:2, 92:8

damaged [1] - 46:11
dark [1] - 84:21
date [2] - 21:15, 21:17
dead [3] - 96:8, 104:14, 104:17
death [16] - 8:9, 16:18, 79:2, 79:5, 84:3, 84:7, 104:7, 104:11, 108:14, 108:19, 109:4, 121:21, 122:1, 122:15, 123:2
decendent [1] - 90:14
decompression [1] - 75:8
deemed [1] - 11:14
defect [1] - 119:23
defects [2] - 26:9, 119:18
defendant [1] - 4:15
Defendant [4] - 2:11, 2:17, 125:24, 126:1
Defendants [1] - 1:13
defendants [1] - 4:9
define [1] - 95:13
definitely [1] - 122:10
deformed [4] - 42:21, 54:4, 64:8, 66:5
degree [4] - 74:19, 85:23, 97:12, 104:20
DeKalb [1] - 14:24
dental [2] - 76:9, 76:10
department [2] - 88:8, 93:21
Department [2] - 78:10, 78:13
dependent [2] - 82:11, 83:12
depicted [4] - 26:15, 28:19, 29:8, 60:8
depictions [1] - 22:4
DEPONENT [1] - 123:9
DEPOSITION [4] - 4:2, 15:21, 17:10, 112:10
deposition [13] - 1:15, 4:17, 4:24, 5:15, 6:1, 15:15, 92:19, 93:2, 124:2, 124:6, 125:8, 125:15, 125:21
depositions [2] - 1:19, 123:6
deprived [1] - 108:2
describe [5] - 29:17,

29:20, 73:4, 87:24, 108:9
described [4] - 28:23, 29:6, 34:22, 118:5
description [3] - 26:23, 30:4, 35:7
descriptions [1] - 92:24
detailed [1] - 75:13
detective [2] - 108:22, 110:9
Detective [3] - 108:23, 108:24, 110:1
determination [1] - 93:13
determine [9] - 90:24, 91:4, 93:12, 110:13, 110:17, 110:20, 110:24, 115:4, 115:6
determining [4] - 8:8, 121:20, 121:24, 122:1
diagnoses [2] - 78:20, 78:21
diagram [1] - 84:12
diagrams [3] - 16:13, 19:22, 20:4
diameter [27] - 30:16, 31:3, 42:14, 45:10, 45:20, 48:3, 51:5, 51:16, 53:20, 55:24, 56:11, 57:22, 58:8, 58:13, 61:12, 62:2, 64:2, 65:23, 67:18, 68:4, 70:7, 70:19, 71:3, 72:7, 72:16, 74:5, 74:14
dictate [1] - 20:10
dictated [1] - 20:23
died [3] - 25:8, 100:5, 110:5
differ [1] - 92:15
difference [1] - 35:2
different [15] - 81:7, 81:8, 81:19, 82:14, 82:16, 92:10, 92:14, 93:8, 105:22, 106:4, 106:5, 107:15, 109:7, 109:12
Different [1] - 105:22
differently [1] - 92:11
difficult [1] - 9:13
difficulty [1] - 84:16
diffuse [2] - 31:6, 48:12
DiMaio [1] - 14:7
direct [4] - 10:9,

19:12, 83:10, 84:24
direction [6] - 22:23, 36:13, 46:21, 81:22, 81:23, 126:11
directions [3] - 81:8, 82:4, 82:14
directly [2] - 11:8, 88:18
discern [1] - 29:12
disciplined [1] - 12:16
discovery [1] - 125:10
discrete [1] - 83:14
discuss [1] - 93:4
discussed [2] - 77:5, 93:4
discussion [1] - 34:14
disease [2] - 8:2, 77:8
disintegrate [1] - 106:23
disintegrated [1] - 107:4
disposition [1] - 78:8
distal [1] - 72:17
distance [2] - 40:5, 91:1
DISTRICT [2] - 1:3, 1:3
District [3] - 1:18, 4:22, 4:23
disturb [1] - 88:11
Division [1] - 4:23
DIVISION [1] - 1:4
DNA [1] - 78:5
doctor [1] - 17:21
Doctor [5] - 4:6, 5:9, 5:15, 15:14, 85:21
doctors [2] - 9:10, 23:24
document [5] - 75:1, 75:4, 75:6, 75:18, 78:16
DOCUMENT [1] - 4:1
documentation [1] - 112:1
documented [1] - 117:24
documenting [3] - 31:20, 88:22, 88:23
documents [10] - 15:16, 15:18, 16:3, 16:6, 16:7, 16:14, 16:19, 16:20, 17:1, 116:9
DOCUMENTS [1] - 15:20
dollar [2] - 117:7,

117:8
Done [1] - 18:22
done [12] - 9:14, 13:14, 19:16, 21:23, 24:6, 24:23, 75:2, 75:14, 76:10, 76:22, 77:15, 88:4
down [6] - 31:23, 57:16, 60:15, 82:19, 101:9, 115:11
downward [7] - 31:10, 37:5, 54:12, 56:21, 64:16, 114:22, 115:1
DR [4] - 4:2, 15:21, 17:10, 112:10
draw [7] - 33:7, 34:8, 46:3, 49:14, 51:22, 60:4, 113:14
duly [3] - 4:5, 5:5, 125:12
DuPage [2] - 10:1, 13:12
During [1] - 36:6
during [5] - 11:5, 19:20, 22:8, 36:6, 89:20
dying [1] - 108:1

E

ear [1] - 27:5
easier [1] - 39:7
easiest [1] - 73:4
EASTERN [1] - 1:4
Eastern [1] - 4:23
eccentric [7] - 30:16, 45:10, 53:20, 56:11, 57:22, 58:14, 68:5
edema [2] - 78:23, 107:22
edges [1] - 35:24
education [1] - 7:11
effect [2] - 41:6, 86:16
effects [3] - 88:9, 115:24, 117:13
effort [2] - 115:3, 115:9
either [5] - 6:19, 88:17, 93:20, 98:16, 103:24
EKG [1] - 75:3
emergency [1] - 108:15
employees [1] - 10:9
EMT's [1] - 112:20
encountered [1] - 82:2

endotracheal [2] - 75:7, 76:12
entered [7] - 88:6, 90:18, 90:21, 103:23, 111:7, 111:18, 120:10
entering [1] - 91:21
enters [3] - 58:9, 108:9, 111:14
entire [1] - 87:13
entity [1] - 23:4
Entrance [3] - 32:14, 49:15, 49:17
entrance [90] - 30:15, 30:17, 31:11, 32:23, 33:9, 33:18, 33:20, 33:22, 34:22, 35:3, 35:5, 35:8, 35:14, 36:2, 36:4, 36:11, 37:8, 37:11, 37:22, 40:10, 40:14, 40:16, 42:13, 42:16, 43:7, 43:16, 43:21, 44:23, 45:9, 45:12, 45:22, 46:1, 48:3, 48:5, 48:20, 48:23, 51:4, 51:7, 51:18, 53:19, 53:22, 54:13, 54:15, 55:23, 56:2, 56:22, 57:1, 57:5, 57:21, 57:24, 58:13, 58:15, 58:21, 59:19, 61:11, 61:14, 62:7, 62:12, 64:1, 64:4, 64:17, 65:5, 65:22, 66:1, 66:16, 67:3, 67:17, 67:20, 68:11, 68:15, 68:16, 70:18, 70:21, 71:6, 71:14, 72:6, 72:9, 72:21, 73:10, 80:14, 91:1, 91:8, 91:10, 91:22, 92:11, 92:13, 94:15, 104:1, 114:22, 115:6
entrances [1] - 35:18
entries [3] - 79:9, 86:11, 86:13
entry [5] - 60:3, 60:19, 61:3, 61:4, 79:24
ER [1] - 75:10
error [1] - 68:20
esoteric [1] - 8:4
especially [2] - 84:19, 117:13
essence [1] - 9:9
estate [1] - 4:13
Estate [1] - 1:5
estimate [1] - 9:12
et [2] - 7:1
event [2] - 80:7, 80:13
evidence [33] - 29:22, 30:6, 31:11, 31:14, 32:5, 37:22, 39:8, 39:11, 41:18, 43:7, 45:22, 48:21, 51:18, 52:16, 54:14, 56:22, 58:22, 62:7, 64:17, 66:16, 68:11, 71:6, 72:21, 74:18, 74:22, 76:8, 77:7, 78:8, 78:11, 78:12, 90:17, 113:24, 114:16
evil [1] - 11:12
exact [1] - 95:16
exactly [2] - 22:13, 23:13
exam [1] - 36:7
examination [17] - 15:17, 16:9, 20:9, 22:4, 25:5, 25:12, 26:10, 76:22, 80:21, 88:16, 88:19, 93:14, 93:19, 119:7, 119:14, 119:17, 125:10
Examination [16] - 31:10, 37:21, 43:6, 45:21, 48:19, 51:17, 52:15, 54:12, 56:21, 58:20, 62:6, 64:16, 66:15, 68:10, 71:5, 72:20
examinations [3] - 9:16, 9:20, 13:15
examined [2] - 5:6, 117:24
EXAMINED [1] - 3:5
Examiner's [6] - 7:21, 8:15, 10:21, 11:15, 16:4, 108:16
Examiners [1] - 11:23
examiners [1] - 16:22
examining [1] - 104:22
example [7] - 25:15, 41:6, 79:19, 95:10, 105:9, 115:8, 122:7
except [2] - 57:24, 58:16
excuse [2] - 13:18, 27:8
Exhibit [12] - 7:5, 15:19, 16:2, 17:7, 17:15, 22:3, 32:12, 78:15, 112:8, 112:15, 118:2
exhibit [1] - 18:1
EXHIBIT [4] - 4:2,

15:22, 17:11, 112:11
EXHIBITS [1] - 3:10
exit [47] - 31:3, 32:14, 32:24, 33:2, 33:18, 33:20, 33:23, 34:23, 35:3, 35:5, 35:11, 35:21, 36:4, 36:13, 37:13, 40:10, 40:14, 40:16, 45:19, 46:1, 48:24, 49:7, 49:9, 49:19, 51:15, 54:16, 56:10, 56:13, 57:2, 57:6, 58:8, 60:2, 60:18, 62:2, 62:4, 62:13, 63:2, 68:3, 68:6, 68:17, 71:2, 71:16, 72:15, 73:11, 94:15, 114:24, 115:7
exited [2] - 103:24, 107:10
exits [13] - 30:23, 45:16, 48:15, 51:11, 56:7, 58:4, 61:22, 67:23, 70:24, 72:12, 79:9, 86:12, 86:13
expect [4] - 83:22, 86:17, 113:19, 114:2
experience [2] - 86:14, 112:23
expert [2] - 14:18, 119:15
expires [1] - 126:18
explain [15] - 7:10, 27:17, 27:23, 30:2, 30:5, 37:9, 38:7, 39:23, 41:12, 43:10, 44:5, 46:8, 50:3, 50:11, 76:2
explained [1] - 13:14
explaining [1] - 26:24
explanation [1] - 91:14
extending [1] - 11:6
extent [4] - 92:5, 100:11, 105:3, 121:13
exterior [1] - 89:4
external [4] - 25:11, 88:23, 119:17
externally [1] - 113:20
extremities [5] - 24:13, 24:14, 32:3, 76:6, 76:7
extremity [1] - 32:1

F

face [3] - 40:17,

40:20, 82:19
face-down [1] - 82:19
facility [1] - 24:21
fact [5] - 93:9, 93:15, 111:7, 117:22, 118:9
facts [1] - 113:23
faculty [1] - 10:17
Fair [1] - 73:16
fair [13] - 26:13, 28:23, 42:2, 53:12, 60:11, 71:20, 77:1, 84:6, 84:14, 116:16, 117:9, 118:8, 119:4
familiar [1] - 5:23
fashion [5] - 31:19, 32:4, 81:16, 95:11, 95:14
fast [1] - 105:20
fat [2] - 65:1, 95:9
fatal [58] - 41:9, 41:14, 41:22, 41:23, 42:3, 42:5, 44:18, 46:16, 50:1, 50:2, 50:6, 50:8, 50:9, 50:22, 52:2, 53:13, 54:20, 57:11, 60:20, 62:19, 62:20, 64:19, 66:18, 69:16, 69:20, 70:13, 71:21, 74:10, 85:24, 94:18, 94:20, 94:21, 94:23, 95:8, 96:15, 97:19, 97:24, 98:18, 98:21, 99:11, 99:12, 99:13, 99:16, 100:20, 101:10, 101:12, 101:15, 102:6, 102:20, 103:9, 120:2, 121:8, 121:9, 121:17, 121:18, 121:23, 122:3
fatality [1] - 122:21
fatally [1] - 120:9
FCRL [19] - 15:18, 16:11, 18:2, 21:1, 21:12, 24:11, 28:8, 28:20, 28:24, 29:8, 45:24, 49:11, 89:24, 108:5, 114:19, 116:6, 118:5, 118:8, 118:11
Federal [2] - 1:17, 5:3
feet [8] - 26:20, 38:18, 39:12, 40:3, 40:19, 92:1, 92:3
fellow [2] - 9:7, 11:22
fellowship [2] - 7:22, 8:20
few [3] - 30:5, 115:16, 120:5

file [2] - 16:4, 16:15
fill [1] - 16:16
filled [2] - 19:23, 117:18
finalized [1] - 21:17
fine [1] - 49:3
finish [1] - 20:14
finished [3] - 8:10, 71:24, 73:20
fired [4] - 38:4, 38:10, 38:11, 106:14
firing [20] - 31:12, 37:23, 38:3, 39:12, 43:8, 45:23, 48:21, 51:19, 52:17, 54:14, 56:23, 58:22, 62:8, 64:18, 66:17, 68:12, 71:7, 72:22, 90:7, 91:23
first [14] - 5:5, 5:13, 7:2, 25:16, 30:10, 78:22, 81:23, 88:20, 88:22, 93:22, 93:23, 110:4, 119:16, 125:12
five [3] - 11:3, 26:20, 92:3
five-feet [1] - 26:20
five-ish [1] - 11:3
Flies [1] - 38:21
flies [1] - 39:1
floor [2] - 113:3, 113:10
fluid [7] - 8:5, 43:3, 54:10, 56:17, 61:19, 64:13, 66:10
fly [1] - 38:15
focuses [1] - 8:8
follow [2] - 105:13, 115:16
follow-up [1] - 105:13
follow-ups [1] - 115:16
following [1] - 50:11
follows [1] - 5:6
FOR [5] - 1:3, 4:3, 15:22, 17:11, 112:11
force [2] - 91:19, 107:7
forearm [1] - 72:4
foregoing [1] - 124:2
Forensic [1] - 11:22
forensic [5] - 7:21, 8:6, 9:6, 9:24, 10:6
forensics [1] - 14:1
Forensics [1] - 8:7
forgive [1] - 27:16
Forgive [1] - 12:14
forgot [1] - 14:11
form [14] - 79:1,

87:17, 99:2, 100:12, 104:8, 105:18, 109:15, 110:15, 111:16, 113:5, 113:21, 117:18, 121:10, 122:11
foundation [12] - 87:17, 92:6, 97:10, 99:2, 100:12, 104:8, 107:19, 108:12, 110:3, 110:15, 111:16, 113:5
four [2] - 5:19, 117:8
fracture [2] - 73:2, 73:4
fractures [16] - 31:7, 43:1, 48:13, 56:19, 61:20, 66:12, 72:17, 72:24, 73:1, 76:18, 76:20, 107:6, 107:14, 107:16, 107:18
fragments [4] - 76:17, 106:20, 107:3, 107:9
frame [1] - 105:20
free [1] - 6:13
freely [1] - 27:12
fresh [1] - 105:9
friend [1] - 1:7
front [29] - 31:9, 37:5, 37:7, 37:8, 37:15, 37:18, 43:5, 44:21, 45:1, 46:11, 48:18, 56:20, 57:16, 62:5, 63:5, 64:15, 66:14, 68:9, 71:4, 72:19, 81:9, 81:21, 103:24, 111:4, 111:18, 115:2, 120:2, 120:10
full [3] - 5:10, 5:12, 85:6
fully [1] - 90:16
FURTHER [1] - 123:9

G

GAIL [2] - 2:8, 125:23
Gail [2] - 4:8, 93:3
general [4] - 14:1, 36:13, 83:13, 88:6
generalization [1] - 35:17
Generally [1] - 22:17
generally [3] - 6:1, 39:19, 114:2
genitalia [1] - 31:24
given [5] - 5:15,

40:2, 123:6, 124:2, 124:6
glanced [1] - 53:9
gland [5] - 30:22, 36:20, 41:21, 48:9, 50:4
graduated [2] - 7:13, 7:15
graze [7] - 52:13, 53:6, 59:15, 80:11, 80:12, 80:14
great [1] - 87:1
greatest [27] - 30:16, 31:3, 42:14, 45:10, 45:20, 48:3, 51:5, 51:15, 53:20, 55:24, 56:11, 57:22, 58:8, 58:13, 61:12, 62:2, 64:2, 65:23, 67:18, 68:4, 70:6, 70:18, 71:3, 72:7, 72:15, 74:4, 74:13
ground [3] - 82:20, 83:5, 114:15
group [2] - 17:24, 122:2
Group [12] - 3:12, 3:13, 3:14, 15:19, 16:2, 17:7, 17:14, 22:2, 32:11, 112:7, 112:15, 118:2
GROUP [3] - 15:21, 17:10, 112:10
guess [3] - 29:14, 105:1, 122:16
gun [5] - 38:3, 38:9, 38:12, 38:16, 38:19
gunman [1] - 110:14
gunpowder [2] - 38:15, 90:17
gunshot [99] - 13:18, 14:5, 26:9, 30:15, 30:17, 31:2, 31:11, 32:12, 36:16, 37:21, 38:2, 39:8, 40:2, 40:4, 41:5, 42:13, 42:15, 43:7, 44:6, 45:9, 45:11, 45:19, 45:21, 48:2, 48:5, 48:20, 51:4, 51:7, 51:15, 51:18, 52:13, 52:16, 53:19, 53:21, 54:13, 55:23, 56:2, 56:10, 56:12, 56:22, 57:8, 57:21, 57:23, 58:7, 58:12, 58:15, 58:21, 59:1, 61:11, 61:13, 62:1, 62:4, 62:6, 64:1, 64:3, 64:17, 65:22, 65:24, 66:15, 67:17,

67:19, 68:3, 68:6, 68:10, 70:18, 70:20, 71:2, 71:5, 72:6, 72:8, 72:15, 72:20, 73:6, 75:10, 78:22, 79:6, 79:13, 82:17, 90:8, 90:18, 90:21, 93:8, 94:10, 94:22, 94:24, 100:7, 100:9, 107:15, 113:1, 119:10, 119:18, 119:23, 120:18, 121:7, 121:8, 121:21, 122:5, 122:24, 123:1
Gunshot [1] - 14:10
gunshots [1] - 82:15
guys [1] - 93:6

H

hair [1] - 27:1
half [4] - 40:4, 50:16, 96:8, 96:18
half-hour [1] - 96:18
hand [15] - 70:16, 70:23, 71:1, 76:6, 76:17, 79:13, 79:14, 79:15, 79:18, 79:19, 90:2, 111:4, 111:19, 126:13
handgun [1] - 38:13
handguns [1] - 38:18
hands [2] - 24:13, 84:7
handwriting [1] - 85:12
Hang [1] - 71:11
hard [2] - 82:13, 83:15
head [44] - 24:12, 26:4, 30:13, 31:1, 31:21, 31:22, 31:23, 40:3, 40:5, 40:7, 40:17, 42:11, 42:23, 45:7, 45:17, 47:24, 48:16, 51:2, 51:13, 52:11, 53:17, 54:7, 55:21, 56:8, 57:19, 58:6, 58:11, 60:9, 60:13, 61:9, 61:23, 63:23, 64:11, 65:20, 66:8, 67:15, 68:1, 70:17, 71:1, 72:5, 72:14, 74:1, 76:5, 111:11
heal [3] - 105:21, 105:22, 106:3
healing [2] - 105:24, 106:10

heart [2] - 42:19,
44:9
held [1] - 34:15
hemoperitoneum [4]
- 48:10, 54:9, 64:13,
66:10
hemorrhage [11] -
31:6, 31:8, 36:7, 43:2,
48:13, 48:14, 50:19,
56:19, 61:21, 66:13
hemothorax [3] -
43:3, 56:16, 61:18
hereby [2] - 124:1,
125:5
herein [1] - 5:5
hereto [1] - 126:7
hereunto [1] -
126:12
hesitate [1] - 60:4
highlight [1] - 84:18
highlighting [1] -
85:2
highly [1] - 82:11
HILARY [7] - 1:15,
3:3, 5:4, 5:13, 124:14,
125:9, 125:12
Hilary [2] - 4:17, 5:12
himself [2] - 110:21,
111:13
history [1] - 7:11
hit [5] - 86:24, 87:1,
87:9, 87:14, 95:2
hits [2] - 83:14, 95:6
hitting [1] - 106:23
hold [1] - 11:24
holding [2] - 90:2,
90:4
hole [1] - 95:7
holes [1] - 26:8
homicide [2] - 84:4,
88:10
hope [1] - 6:3
hospital [14] - 96:8,
96:10, 96:17, 97:22,
98:23, 99:19, 100:22,
101:16, 102:8,
102:21, 103:10,
104:14, 108:15,
112:19
hour [3] - 1:22, 96:9,
96:18
hours [1] - 106:11
house [2] - 13:24,
24:22
human [1] - 8:2
humerus [3] - 72:11,
72:17, 76:19
HURST [1] - 2:2
hypothetical [2] -
96:21, 101:21

I
idea [1] - 15:7
identification [1] -
18:16
IDENTIFICATION [4]
- 4:3, 15:22, 17:11,
112:11
identified [3] - 16:20,
46:20, 116:6
identifies [1] - 75:16
identify [14] - 4:10,
45:24, 48:23, 51:20,
52:18, 54:15, 57:1,
59:17, 62:9, 67:9,
68:13, 73:8, 76:22,
90:1
identifying [9] -
27:20, 28:1, 28:11,
29:7, 31:20, 39:24,
49:7, 74:18, 116:23
illegible [1] - 28:9
ILLINOIS [2] - 1:3,
125:1
Illinois [8] - 1:21,
2:4, 2:9, 2:15, 4:23,
12:5, 125:5, 125:8
illness [1] - 77:8
immediately [1] -
20:10
impacted [1] - 90:13
IN [1] - 1:3
in-house [2] - 13:24,
24:22
in.. [1] - 32:21
inch [19] - 42:16,
42:23, 45:12, 48:5,
51:7, 53:23, 56:2,
56:15, 57:19, 57:24,
61:14, 64:4, 65:20,
66:1, 67:16, 67:20,
70:6, 70:21, 72:9
inches [94] - 30:13,
30:15, 30:18, 30:19,
30:24, 31:1, 31:3,
38:13, 40:6, 40:8,
42:11, 42:12, 42:13,
42:23, 45:7, 45:9,
45:17, 45:19, 47:24,
48:1, 48:3, 48:16,
48:17, 51:2, 51:3,
51:5, 51:12, 51:13,
51:15, 52:11, 52:13,
53:17, 53:18, 53:19,
53:22, 54:7, 55:21,
55:22, 55:24, 56:8,
56:9, 56:11, 56:13,
56:14, 57:19, 57:21,
58:1, 58:5, 58:6, 58:8,
58:11, 58:13, 58:16,
58:17, 61:9, 61:11,
61:23, 61:24, 62:2,
62:4, 63:23, 64:1,
64:10, 64:11, 65:20,
65:22, 66:7, 66:8,
67:15, 67:17, 68:1,
68:2, 68:4, 68:6, 68:7,
70:16, 70:18, 71:1,
71:3, 72:5, 72:6,
72:13, 72:15, 74:1,
74:2, 74:4, 74:13
incident [2] - 94:13
Incidentally [3] -
18:14, 24:6, 77:7
incidentally [2] -
19:19, 55:8
incision [1] - 89:4
include [2] - 9:17,
40:12
included [2] - 13:18,
19:24
including [2] - 5:10,
70:1
inclusive [1] - 124:4
incomplete [2] -
96:21, 101:20
incurred [3] -
104:23, 105:1, 105:16
independent [2] -
23:4, 92:16
Independent [2] -
23:8, 23:17
indicate [19] - 18:20,
21:8, 26:18, 27:4,
27:7, 27:10, 32:5,
39:20, 39:21, 43:12,
79:10, 80:7, 81:4,
84:3, 84:9, 84:22,
113:3, 115:9, 119:16
indicated [18] - 41:4,
41:11, 69:3, 100:8,
101:4, 101:10,
101:24, 102:15,
102:19, 103:8,
103:17, 103:22,
104:5, 109:15, 111:2,
114:22, 115:1, 115:23
indicates [9] - 25:8,
31:14, 70:3, 81:10,
81:14, 106:19,
108:19, 116:24,
120:13
Indicating [3] - 63:7,
69:1, 111:5
indication [3] - 90:9,
93:23, 111:12
indications [1] - 90:7
indicators [1] - 38:3
individual [1] - 1:11

individually [1] - 1:6
individuals [3] -
89:15, 89:16, 109:7
infected [1] - 95:1
inflicted [1] - 91:5
influence [1] - 94:8
information [6] -
85:3, 93:23, 108:3,
108:17, 110:9, 111:22
initial [1] - 68:21
initials [4] - 18:7,
18:9, 19:1, 21:5
injuries [24] - 36:8,
40:13, 44:5, 50:17,
73:8, 74:7, 75:16,
75:18, 77:3, 80:18,
81:20, 81:21, 82:13,
89:1, 93:5, 100:7,
101:4, 101:24, 103:3,
103:22, 104:5,
113:16, 121:24
injury [35] - 27:12,
27:13, 29:23, 30:6,
30:8, 31:14, 32:6,
32:8, 36:15, 40:15,
40:18, 41:21, 46:10,
52:6, 53:11, 55:17,
57:9, 60:17, 70:4,
70:12, 74:18, 79:13,
79:17, 91:19, 97:2,
97:8, 99:5, 99:19,
102:14, 103:17,
105:8, 105:23, 107:5,
114:17, 122:9
inside [3] - 54:17,
54:23, 107:4
instance [2] - 88:15,
110:14
instantaneous [1] -
87:22
instead [1] - 69:6
intact [1] - 27:8
intake [4] - 88:7,
116:1, 117:16, 117:23
interested [1] - 126:5
interior [1] - 89:5
intermediary [1] -
86:23
internal [4] - 30:21,
36:7, 36:18, 120:15
internally [1] -
104:19
interpretation [2] -
87:5, 110:8
interrupt [1] - 11:4
interventions [1] -
75:2
interviewed [1] -
109:6
intestine [8] - 54:2,

54:3, 64:7, 66:4,
67:23, 70:1
intestines [5] - 55:5,
55:6, 64:23, 65:2,
66:22
intramuscular [6] -
31:8, 43:2, 48:14,
56:19, 61:21, 66:13
intubated [1] - 121:4
inventory [2] -
117:22, 118:6
investigation [2] -
108:7, 108:20
investigator [2] -
109:8, 109:14
Investigator [1] -
109:19
investigator's [2] -
93:24, 108:4
investigators [1] -
93:20
involve [1] - 52:8
involved [11] - 23:2,
30:20, 41:5, 41:12,
42:16, 46:14, 49:21,
55:1, 55:7, 57:9,
93:15
involves [21] - 45:13,
48:6, 51:8, 52:6,
52:14, 53:24, 56:3,
58:2, 58:18, 61:14,
62:22, 64:4, 64:22,
66:1, 66:22, 66:24,
67:20, 69:24, 70:21,
72:9, 101:12
IPRA [2] - 89:12,
93:21
ish [1] - 11:3
isolation [1] - 41:24
issued [1] - 5:1
item [6] - 28:23,
29:6, 30:10, 99:5,
100:8, 100:19
items [5] - 27:23,
74:17, 104:5, 116:2,
117:11
itself [6] - 41:24,
42:4, 50:18, 60:22,
75:19, 106:1

J

jacketed [4] - 42:21,
54:5, 64:9, 66:5
jagged [1] - 36:1
jeans [1] - 26:6
job [2] - 12:15, 115:4
joined [1] - 7:20
jugular [3] - 30:21,

36:18, 41:6
July [1] - 8:18
June [4] - 1:21, 8:22,
 125:6, 126:14

K

Karpella [4] - 18:8,
 19:6, 19:12, 22:8
Kate [3] - 18:8, 19:6,
 22:8
kept [1] - 116:9
key [2] - 116:24,
 117:1
kidney [3] - 48:8,
 49:22, 95:4
kill [2] - 95:1, 95:12
kind [5] - 24:1,
 47:22, 48:22, 81:15,
 117:22
KK [1] - 18:7
knowing [2] - 98:23,
 115:13
knowledge [3] -
 94:2, 111:24, 120:24
KOCHANOWICZ [67]
 - 2:2, 4:12, 9:17,
 17:19, 17:23, 33:6,
 33:10, 33:13, 33:16,
 34:5, 34:8, 34:11,
 38:20, 39:2, 47:16,
 63:17, 65:11, 65:16,
 68:23, 69:7, 86:7,
 87:21, 92:9, 96:23,
 97:7, 97:14, 98:3,
 98:11, 99:4, 99:10,
 100:1, 100:6, 100:16,
 101:2, 101:7, 101:22,
 102:4, 102:13,
 102:18, 103:2, 103:7,
 103:15, 103:20,
 104:12, 105:11,
 106:7, 106:17,
 107:21, 108:21,
 109:10, 109:13,
 110:6, 110:10,
 110:19, 111:1,
 111:20, 112:6,
 112:13, 113:8,
 113:17, 114:6,
 115:14, 120:23,
 121:19, 122:18,
 123:3, 125:22
Kochanowicz [3] -
 3:7, 3:9, 4:12

L

lab [1] - 10:10

label [3] - 59:22,
 60:24, 65:15
labeled [5] - 18:18,
 55:14, 55:16, 65:13,
 67:11
laboratory [2] - 8:4,
 10:8
lacerated [9] - 31:2,
 35:21, 45:19, 51:14,
 58:7, 62:1, 68:3, 71:2,
 72:14
lack [1] - 107:24
land [1] - 38:12
LaPorta [3] - 1:16,
 125:3, 126:17
large [7] - 54:2, 55:5,
 63:1, 64:7, 66:4,
 67:22, 70:1
larynx [3] - 30:22,
 36:19, 41:13
LaSalle [4] - 1:20,
 2:8, 2:14, 125:7
last [12] - 5:20, 8:23,
 14:24, 16:16, 21:11,
 37:20, 47:8, 47:11,
 79:1, 81:24, 84:2,
 85:21
lateral [3] - 61:17,
 66:5, 66:7
lay [2] - 7:23, 50:14
layer [1] - 65:1
layers [2] - 52:14,
 59:7
laying [1] - 83:4
layman's [1] - 43:10
layperson's [4] -
 44:5, 46:7, 58:23,
 58:24
lead [1] - 36:13
leads [2] - 66:23,
 75:3
least [7] - 76:21,
 79:21, 79:22, 80:5,
 84:15, 113:19, 116:16
leave [1] - 114:14
left [92] - 27:5, 28:4,
 30:12, 30:14, 30:21,
 31:9, 31:23, 32:1,
 36:18, 37:5, 37:11,
 40:10, 43:5, 45:6,
 45:8, 45:14, 45:21,
 46:9, 46:22, 47:9,
 48:19, 51:1, 51:3,
 51:9, 51:16, 52:10,
 52:12, 53:16, 53:18,
 54:1, 54:12, 55:20,
 55:22, 56:4, 56:5,
 56:6, 56:7, 56:9,
 56:16, 56:18, 56:20,
 57:9, 57:16, 58:20,

61:8, 61:10, 61:16,
 61:17, 61:18, 61:19,
 61:20, 61:22, 61:24,
 62:5, 62:22, 63:22,
 63:24, 64:6, 64:15,
 65:11, 66:14, 67:14,
 67:16, 67:22, 67:24,
 68:2, 68:9, 70:16,
 70:23, 70:24, 72:4,
 72:11, 72:12, 72:13,
 72:17, 72:18, 73:24,
 74:2, 74:8, 74:12,
 74:15, 75:9, 76:17,
 76:19, 107:6, 109:6,
 111:4, 114:23
length [1] - 52:13
less [4] - 92:2,
 113:10, 121:9, 121:17
liaison [1] - 23:3
licensed [2] - 12:4,
 12:9
lifesaving [1] - 121:5
likely [11] - 51:21,
 55:16, 84:1, 89:8,
 89:9, 89:11, 90:3,
 90:19, 92:13, 95:7,
 95:11
line [9] - 33:7, 33:8,
 33:23, 34:9, 46:3,
 49:14, 51:22, 60:4,
 68:19
linear [2] - 73:2,
 86:22
lines [1] - 34:12
list [2] - 26:2, 26:10
listed [3] - 27:23,
 43:24, 109:5
lists [2] - 78:9, 109:7
liter [1] - 50:16
liver [3] - 66:4,
 66:24, 95:4
lobe [3] - 27:5, 56:5,
 61:16
located [2] - 40:8,
 115:5
location [5] - 37:11,
 75:19, 112:18,
 114:11, 121:2
locations [3] - 81:7,
 93:5, 93:8
look [10] - 15:9,
 17:16, 35:20, 37:10,
 75:24, 84:12, 92:14,
 106:1, 106:5, 109:5
looked [1] - 17:3
looking [9] - 15:18,
 24:9, 28:13, 36:9,
 44:3, 94:14, 94:15,
 105:7, 118:11
looks [2] - 28:15,

39:4
loud [1] - 95:20
Louis [1] - 7:14
love [3] - 28:5, 28:24,
 29:2
lower [6] - 24:14,
 32:3, 53:16, 67:14,
 67:24, 76:6
Loyola [1] - 7:12
LTD [1] - 2:2
lung [4] - 56:6, 57:9,
 61:17, 62:22
lungs [3] - 31:6,
 41:20, 122:8
lurking [1] - 85:1
lying [2] - 82:19,
 112:18

M

M-c-E-l-l-i-g-o-t-t [1]
 - 5:14
M.D [1] - 7:16
machine [1] - 125:17
main [1] - 75:19
maintenance [1] -
 10:10
major [8] - 52:8,
 55:1, 55:6, 57:7,
 64:23, 69:24, 95:2,
 95:6
majority [1] - 14:17
male [1] - 26:19
manage [2] - 10:8,
 10:9
manner [2] - 8:9,
 84:3
margin [23] - 30:16,
 33:10, 34:6, 35:6,
 40:15, 40:19, 42:15,
 45:10, 48:4, 51:6,
 53:20, 56:1, 56:12,
 57:22, 58:14, 61:13,
 62:3, 64:3, 65:24,
 67:19, 68:5, 70:19,
 72:8
mark [7] - 15:19,
 17:7, 33:4, 45:24,
 57:1, 112:7
MARKED [4] - 4:1,
 15:20, 17:9, 112:9
marked [4] - 7:5,
 112:14, 114:19,
 114:21
marking [4] - 43:24,
 62:15, 67:6, 72:1
marks [5] - 27:21,
 28:1, 28:11, 29:7,
 84:21

matter [3] - 4:9, 4:20,
 5:2
McElligott [12] -
 1:15, 3:3, 4:2, 4:17,
 5:4, 5:12, 15:21,
 17:10, 112:10,
 124:14, 125:9, 125:12
MD [6] - 1:16, 3:3,
 5:4, 124:14, 125:9,
 125:12
ME [3] - 109:8,
 109:14, 109:19
ME's [6] - 78:4, 88:8,
 108:13, 108:24,
 115:20, 117:15
mean [12] - 22:13,
 25:16, 34:11, 37:24,
 47:1, 58:23, 58:24,
 77:18, 83:12, 87:4,
 95:15, 100:15
meaning [5] - 35:21,
 39:12, 53:8, 60:7,
 67:1
Meaning [2] - 44:23,
 53:9
means [12] - 38:1,
 40:7, 50:15, 50:19,
 73:1, 74:6, 76:9, 84:6,
 92:8, 108:10, 119:15,
 125:17
measure [3] - 40:5,
 40:9, 40:16
measured [2] - 40:3,
 40:20
measurements [4] -
 39:19, 39:21, 39:24,
 40:12
measures [3] - 58:1,
 58:17, 121:5
measuring [1] -
 26:20
medallion [2] -
 117:2, 117:6
medial [2] - 58:10,
 72:13
Medical [7] - 7:21,
 8:14, 10:21, 11:15,
 11:23, 16:3, 108:16
medical [12] - 7:15,
 16:21, 21:18, 23:2,
 74:19, 74:22, 75:1,
 85:24, 89:8, 94:1,
 95:10, 111:22
member [1] - 11:17
membership [1] -
 12:2
memory [2] - 6:14,
 15:13
mention [1] - 41:13
mentioned [9] -

19:23, 38:5, 76:5,
76:12, 86:8, 89:7,
89:14, 90:6, 108:23
mesentery [5] - 54:3,
64:7, 64:24, 66:4,
67:23
met [1] - 93:3
metal [6] - 26:7,
117:1, 117:3, 117:5
middle [2] - 5:10,
44:4
midline [27] - 30:14,
31:2, 40:9, 42:12,
42:24, 45:8, 45:18,
48:2, 48:18, 51:3,
51:14, 52:12, 53:18,
54:8, 55:22, 56:9,
57:20, 58:7, 61:10,
61:24, 63:24, 64:12,
65:21, 66:9, 67:16,
68:2, 74:3
might [2] - 93:10,
105:14
milliliters [1] - 62:24
mind [6] - 34:2, 42:8,
45:5, 47:14, 51:23,
53:2
mine [1] - 85:14
minor [1] - 1:7
minute [3] - 106:19,
107:2, 107:9
minutes [10] - 97:22,
98:23, 99:19, 100:22,
101:17, 102:9,
102:22, 105:2, 105:6,
120:5
mischaracterizes [1]
- 113:22
missed [1] - 46:19
Missouri [1] - 7:14
misspelled [2] -
28:15, 28:17
misspoke [1] - 46:22
mistaken [1] - 71:10
misunderstood [1] -
105:15
mL [7] - 43:3, 48:11,
54:10, 56:17, 61:19,
64:13, 66:10
Mokena [1] - 2:4
month [1] - 5:22
morning [3] - 4:6,
4:7, 88:3
mortally [1] - 120:9
most [12] - 26:7,
51:20, 55:16, 79:12,
82:12, 86:13, 89:8,
89:9, 89:11, 90:3,
90:19, 92:13
mostly [1] - 36:17

mother [1] - 1:6
motion [1] - 81:4
mouth [3] - 75:4,
75:8, 76:13
move [15] - 27:19,
29:22, 31:22, 31:24,
32:2, 42:6, 45:3,
47:21, 50:24, 55:19,
63:21, 83:11, 83:16,
89:22
moved [2] - 81:17,
111:4
movement [2] -
81:11, 93:10
moves [1] - 27:12
moving [10] - 81:1,
81:14, 81:18, 82:1,
87:3, 93:15, 93:16,
93:18, 110:12, 110:13
MR [67] - 2:2, 4:12,
9:17, 17:19, 17:23,
33:6, 33:10, 33:13,
33:16, 34:5, 34:8,
34:11, 38:20, 39:2,
47:16, 63:17, 65:11,
65:16, 68:23, 69:7,
86:7, 87:21, 92:9,
96:23, 97:7, 97:14,
98:3, 98:11, 99:4,
99:10, 100:1, 100:6,
100:16, 101:2, 101:7,
101:22, 102:4,
102:13, 102:18,
103:2, 103:7, 103:15,
103:20, 104:12,
105:11, 106:7,
106:17, 107:21,
108:21, 109:10,
109:13, 110:6,
110:10, 110:19,
111:1, 111:20, 112:6,
112:13, 113:8,
113:17, 114:6,
115:14, 120:23,
121:19, 122:18,
123:3, 125:22
MS [102] - 2:8, 2:14,
4:6, 4:8, 4:14, 4:16,
4:20, 5:8, 9:21, 11:12,
11:16, 15:12, 16:1,
17:6, 17:13, 17:22,
17:24, 18:3, 33:8,
33:12, 33:14, 33:17,
33:19, 34:13, 34:18,
34:20, 35:1, 39:5,
43:23, 44:2, 47:1,
47:4, 47:7, 47:10,
47:13, 47:19, 49:6,
49:10, 63:18, 63:20,
65:17, 68:18, 68:20,

69:2, 69:10, 69:11,
69:18, 69:22, 85:16,
85:20, 86:5, 87:17,
92:5, 96:20, 97:3,
97:6, 97:9, 98:1, 98:6,
99:2, 99:7, 99:23,
100:3, 100:11, 101:1,
101:5, 101:20, 102:1,
102:11, 102:16,
102:24, 103:5,
103:14, 103:18,
104:8, 105:3, 105:18,
106:16, 107:19,
108:12, 109:2, 110:2,
110:15, 110:18,
110:23, 111:16,
113:5, 113:13,
113:21, 113:23,
114:1, 115:16,
115:18, 120:20,
121:10, 121:12,
121:13, 122:11,
122:12, 123:5,
125:23, 126:1
multiple [22] - 31:7,
43:1, 48:13, 56:18,
61:20, 66:12, 73:3,
74:3, 76:16, 76:18,
76:20, 78:22, 79:6,
82:3, 82:4, 93:9,
94:10, 107:14, 114:3,
121:21, 122:5, 123:1
Municipal [1] - 1:10
muscle [8] - 46:11,
50:19, 52:7, 59:3,
64:8, 64:10, 95:9,
101:12
musculature [17] -
31:6, 42:20, 45:14,
48:7, 51:9, 51:10,
54:1, 54:3, 54:6, 56:4,
58:3, 64:6, 66:3, 66:6,
67:22, 70:23, 72:11

N

NAME [1] - 11:22
name [11] - 4:8, 5:10,
5:11, 5:12, 5:13, 14:9,
15:7, 18:8, 19:4,
109:17, 109:18
National [1] - 11:23
nature [1] - 29:15
necessarily [2] -
41:23, 80:6
neck [11] - 24:12,
30:12, 31:7, 31:22,
36:17, 36:19, 36:20,
37:12, 40:7, 76:5,
114:23

need [6] - 6:4, 6:12,
6:24, 30:1, 33:24,
95:21
needed [1] - 13:7
needle [2] - 75:8,
75:11
never [2] - 12:21,
23:23
next [12] - 1:7, 33:4,
34:2, 59:5, 60:5,
60:18, 74:22, 76:21,
78:7, 95:24, 96:12,
104:18
nice [2] - 35:20,
35:23
NO [3] - 4:3, 15:22,
112:11
NO.3 [1] - 17:11
nonfatal [2] - 73:17,
74:16
nonspecific [3] -
70:12, 78:24, 107:23
normal [1] - 42:5
normally [1] - 16:21
North [4] - 1:20, 2:8,
2:14, 125:7
Northern [1] - 4:22
NORTHERN [1] - 1:3
Northwestern [4] -
7:18, 7:19, 8:11,
10:22
Nos [2] - 100:8,
104:5
nose [4] - 27:8,
27:11, 27:14, 75:4
NOT [1] - 123:9
Notary [1] - 124:24
note [1] - 75:21
noted [3] - 27:13,
89:2, 119:12
notes [5] - 19:19,
21:1, 50:3, 84:24,
125:18
nothing [5] - 13:4,
14:3, 120:20, 123:3,
125:14
Nothing [1] - 77:9
notice [4] - 47:6,
49:20, 75:3, 91:8
number [9] - 18:19,
53:1, 63:16, 80:6,
86:11, 87:20, 113:1,
113:11, 113:16
numbered [2] - 79:9
numbers [1] - 20:2
nurse [5] - 108:18,
108:24, 109:3,
109:22, 110:5

O

o'clock [27] - 30:18,
30:19, 40:18, 40:19,
45:12, 53:22, 53:23,
56:13, 56:14, 56:15,
57:24, 58:1, 58:16,
58:17, 68:6, 68:7,
68:8
o-n-e [1] - 28:4
oath [1] - 124:5
Object [1] - 107:19
Objection [22] -
87:17, 92:5, 97:9,
98:6, 99:2, 99:7,
100:11, 102:1, 104:8,
105:3, 105:18,
106:16, 108:12,
109:2, 110:2, 110:15,
111:16, 113:5,
113:13, 113:21,
121:10, 122:11
objection [11] - 98:1,
99:23, 100:3, 101:1,
101:5, 102:11,
102:16, 102:24,
103:5, 103:14, 103:18
objections [1] -
110:23
objects [1] - 83:15
oblique [1] - 52:13
observable [1] -
119:20
observed [2] - 75:17,
77:3
observing [1] - 89:21
obtained [2] -
108:18, 109:22
obviously [6] - 6:7,
6:17, 31:14, 49:13,
79:8, 95:21
Obviously [1] - 50:8
occasions [2] -
14:21, 23:16
occur [2] - 106:11,
115:20
occurred [8] - 32:6,
32:8, 44:6, 46:8, 60:6,
60:17, 86:3, 105:5
OF [10] - 1:3, 1:10,
2:7, 2:13, 4:3, 15:23,
17:12, 112:12, 125:1,
125:2
office [2] - 15:5,
108:8
Office [12] - 7:21,
8:15, 10:22, 11:15,
13:12, 78:5, 88:8,
108:13, 108:16,

109:1, 115:20, 117:15
officer [1] - 4:15
official [1] - 1:11
often [3] - 36:7,
 36:12, 82:8
old [1] - 26:21
Once [1] - 14:22
once [2] - 8:10,
 105:23
One [2] - 28:4, 49:20
one [40] - 5:20, 7:22,
 8:20, 18:6, 24:17,
 28:2, 28:3, 29:10,
 30:7, 36:4, 39:20,
 49:1, 49:5, 49:16,
 67:6, 67:9, 68:23,
 68:24, 69:6, 79:10,
 80:13, 84:20, 87:11,
 90:4, 90:7, 90:8,
 101:13, 104:1, 106:2,
 106:3, 114:21,
 115:23, 118:13,
 121:7, 122:6, 122:8,
 122:9, 122:20, 122:24
one-year [1] - 8:20
ones [1] - 55:13
opening [1] - 76:23
opens [1] - 22:22
opiates [1] - 77:20
opinion [8] - 49:24,
 79:2, 96:14, 96:16,
 96:24, 97:23, 99:20,
 121:6
opposed [3] - 91:6,
 92:2, 92:12
order [1] - 86:2
orderly [1] - 32:4
ordinary [4] - 16:22,
 19:16, 21:23, 116:10
organ [4] - 62:23,
 67:1, 95:2, 95:4
organizations [1] -
 11:18
organs [11] - 22:22,
 36:15, 36:17, 41:12,
 52:8, 55:2, 55:6, 57:7,
 64:23, 69:24, 89:5
original [1] - 126:7
Othman [36] - 4:13,
 4:20, 6:9, 15:17, 22:5,
 25:8, 26:19, 27:21,
 39:16, 60:8, 77:8,
 79:5, 80:21, 81:4,
 82:18, 93:14, 96:7,
 100:9, 101:23,
 104:22, 104:23,
 106:14, 107:4,
 110:12, 110:13,
 110:21, 111:22,
 112:18, 113:2,

113:11, 113:18,
 115:4, 116:6, 117:20,
 120:8, 121:1
OTHMAN [3] - 1:5,
 1:6, 1:7
Othman's [9] -
 28:10, 31:17, 77:21,
 79:2, 79:23, 104:7,
 107:13, 114:23,
 118:12
ourselves [1] - 4:10
outcome [1] - 126:5
outside [1] - 122:12
overlies [1] - 65:1
ovoid [3] - 55:23,
 58:12, 67:17
own [1] - 89:18
oxygen [2] - 107:24,
 108:2
oxygen-deprived [1]
 - 108:2

P

PAGE [1] - 3:5
page [14] - 16:16,
 21:6, 21:11, 24:10,
 25:4, 27:19, 28:8,
 44:1, 79:1, 84:2,
 84:15, 108:4
pages [2] - 16:10,
 124:3
palm [2] - 111:8,
 111:14
palpation [1] - 27:9
palpitation [1] - 27:8
papers [1] - 13:2
paragraph [3] -
 26:24, 44:4, 119:17
paragraphs [2] -
 26:24, 30:8
part [14] - 17:24,
 36:19, 77:4, 80:13,
 88:20, 88:22, 91:15,
 91:19, 94:1, 105:12,
 105:15, 107:8,
 109:24, 111:3
Part [2] - 109:23,
 109:24
partial [3] - 58:12,
 58:15, 60:3
partially [1] - 58:9
particular [7] -
 36:14, 36:16, 41:5,
 91:12, 94:20, 107:5,
 122:8
parties [1] - 126:4
passed [1] - 59:10
passes [1] - 105:17

passing [1] - 111:3
path [4] - 83:14,
 83:15, 86:22, 87:8
pathologist [2] -
 9:24, 10:7
pathology [11] -
 7:19, 7:22, 7:24, 8:1,
 8:3, 8:6, 8:8, 9:7,
 10:23, 10:24, 11:7
paw [1] - 29:15
pelvis [4] - 24:13,
 64:10, 76:5, 76:16
pen [1] - 33:21
pending [1] - 4:22
people [5] - 7:23,
 24:1, 105:22, 109:12,
 114:7
people's [1] - 23:20
per [1] - 33:3
percent [1] - 23:21
perforated [1] -
 79:17
perform [1] - 11:14
performed [6] - 6:8,
 19:8, 24:24, 76:4,
 77:16, 78:5
performing [4] -
 10:12, 19:20, 22:21,
 31:18
Performing [1] - 9:4
perhaps [1] - 23:1
pericardial [1] -
 42:18
period [2] - 104:24,
 106:8
peritoneal [4] -
 48:12, 54:11, 64:14,
 66:11
person [7] - 20:15,
 42:5, 89:19, 106:5,
 108:1, 109:6, 110:5
personal [5] - 9:18,
 9:19, 88:9, 115:24,
 117:13
personally [1] -
 31:21
persons [1] - 109:6
pertaining [1] - 1:19
pertinent [2] - 9:5,
 89:2
phone [2] - 108:19,
 116:24
phonetic [1] - 18:8
photo [3] - 18:12,
 90:5, 118:17
photograph [7] -
 18:17, 32:11, 32:19,
 37:10, 60:8, 69:5,
 70:8
photographer [2] -

19:6, 22:7
photographs [32] -
 15:16, 17:4, 17:6,
 17:15, 17:20, 18:4,
 18:6, 19:7, 19:13,
 22:2, 22:3, 26:15,
 43:12, 43:13, 43:14,
 43:16, 48:23, 55:9,
 55:10, 57:1, 59:18,
 62:10, 67:10, 68:14,
 73:9, 88:21, 89:1,
 89:3, 92:24, 112:23,
 118:3
PHOTOGRAPHS [2]
 - 17:9, 112:9
photos [1] - 73:12
physical [2] - 8:2,
 36:9
physician [1] - 12:24
pick [2] - 88:12,
 122:6
piercing [1] - 27:5
place [2] - 25:5,
 124:3
placed [2] - 83:1,
 117:14
places [2] - 31:15,
 120:14
plaintiffs [1] - 5:2
Plaintiffs [3] - 1:8,
 2:5, 125:23
plaintiffs' [2] - 6:20,
 33:3
point [7] - 30:7,
 34:12, 88:4, 88:8,
 104:15, 106:1, 123:5
pointed [1] - 83:2
pointing [3] - 35:13,
 83:4, 83:5
points [1] - 106:4
Police [4] - 23:8,
 23:17, 78:10, 78:13
police [3] - 4:15,
 23:2, 93:21
police-involved [1] -
 23:2
poor [1] - 115:12
portion [1] - 75:15
position [5] - 12:24,
 40:7, 60:12, 80:21,
 82:24
positioned [1] -
 115:4
positioning [1] -
 79:14
positions [2] - 11:24,
 82:16
possible [22] - 41:10,
 52:18, 95:15, 95:16,
 97:12, 97:13, 100:4,

100:14, 100:18,
 101:3, 102:3, 102:17,
 103:6, 103:16,
 106:22, 107:3, 107:8,
 107:12, 111:15,
 111:17, 120:8, 120:12
possibly [2] -
 109:24, 111:12
posterior [16] -
 42:18, 42:19, 42:24,
 48:9, 48:17, 50:8,
 55:22, 56:5, 57:20,
 61:10, 61:16, 63:24,
 65:21, 67:16, 70:24,
 72:4
postmortem [5] -
 15:17, 16:9, 20:9,
 22:4, 107:23
potential [1] - 122:21
potentially [35] -
 50:1, 50:2, 50:6, 52:1,
 54:19, 57:11, 60:20,
 62:19, 62:20, 64:19,
 66:18, 69:16, 69:20,
 94:18, 94:20, 94:21,
 96:15, 97:18, 97:24,
 98:20, 99:12, 99:13,
 99:15, 100:20,
 101:10, 101:11,
 101:15, 102:5,
 102:20, 103:9, 120:2,
 121:8, 121:9, 121:18,
 121:23
Potentially [1] -
 55:14
pouch [1] - 91:17
pounds [1] - 26:19
powder [4] - 38:8,
 38:11, 38:24, 39:4
practice [2] - 19:16,
 115:12
practiced [1] - 12:11
prepare [3] - 88:5,
 92:19, 92:22
preparing [1] - 9:8
presence [2] - 75:5,
 125:16
present [24] - 9:15,
 11:6, 19:10, 22:8,
 23:3, 42:15, 45:11,
 48:4, 51:6, 53:21,
 56:1, 56:12, 57:23,
 58:14, 61:13, 62:3,
 64:3, 65:24, 67:19,
 68:5, 70:20, 72:8,
 125:6, 125:21
PRESENT [1] - 2:1
presented [1] - 25:22
pretty [2] - 70:12,
 83:14

previous ^[1] - 113:22
previously ^[6] -
 19:23, 76:12, 98:12,
 108:4, 111:2, 114:19
primary ^[1] - 104:1
printed ^[1] - 109:18
probes ^[1] - 36:10
problem ^[1] - 27:18
Procedure ^[2] - 1:18,
 5:3
procedure ^[1] -
 104:14
procedures ^[1] -
 115:19
process ^[4] - 88:2,
 88:20, 105:24, 106:10
processes ^[1] - 8:2
produced ^[1] - 125:9
professional ^[1] -
 11:18
professor ^[2] -
 10:23, 11:7
projectile ^[3] - 38:9,
 38:24, 55:17
projectiles ^[2] -
 75:20, 75:22
projects ^[1] - 87:2
pronounce ^[1] - 4:18
pronounced ^[3] -
 96:8, 104:14, 104:17
proofread ^[1] - 20:17
properly ^[1] - 41:17
property ^[1] - 10:10
protect ^[2] - 110:21,
 111:13
protocol ^[2] - 24:7,
 78:4
protocols ^[1] - 9:8
provide ^[1] - 78:18
proximal ^[2] - 54:6,
 72:18
psoas ^[2] - 64:8,
 64:10
Public ^[1] - 124:24
pulls ^[1] - 35:8
purpose ^[2] - 18:15,
 77:13
purposes ^[3] - 13:8,
 18:17, 96:20
pursuant ^[3] - 1:17,
 5:1, 5:2
pushing ^[1] - 35:22
put ^[3] - 33:11,
 36:11, 75:11

Q

questions ^[6] - 6:8,
 6:18, 85:22, 96:1,

96:12, 97:16
quick ^[2] - 47:14,
 85:16

R

radiology ^[2] - 88:15,
 88:17
raised ^[1] - 60:9
RAMIZ ^[1] - 1:6
Ramiz ^[19] - 4:13,
 6:9, 15:17, 22:5,
 39:16, 93:14, 96:7,
 100:9, 101:23,
 110:12, 110:13,
 110:21, 111:22,
 112:18, 113:2,
 113:11, 113:18,
 114:23, 115:4
range ^[20] - 31:12,
 37:22, 38:3, 39:12,
 43:8, 45:23, 48:21,
 51:19, 52:16, 54:14,
 56:23, 58:22, 62:8,
 64:18, 66:16, 68:11,
 71:6, 72:21, 90:7,
 91:23
ranging ^[1] - 74:4
rate ^[1] - 106:6
rates ^[1] - 105:23
rather ^[2] - 5:1, 32:8
ray ^[2] - 24:20, 89:22
rays ^[9] - 24:6, 24:12,
 24:15, 75:13, 75:17,
 75:20, 76:4, 88:14,
 106:18
re ^[7] - 58:9, 58:13,
 58:15, 60:3, 60:19,
 61:3, 79:24
re-enters ^[1] - 58:9
re-entrance ^[2] -
 58:13, 58:15
re-entry ^[4] - 60:3,
 60:19, 61:3, 79:24
read ^[7] - 28:6, 30:4,
 45:4, 95:20, 110:8,
 117:2, 124:1
reading ^[2] - 42:9,
 84:16
reads ^[2] - 30:11,
 76:8
really ^[6] - 30:1,
 73:13, 94:3, 105:6,
 110:4, 111:18
reason ^[1] - 91:12
reasonable ^[1] -
 74:19
receipt ^[1] - 78:17
receive ^[1] - 25:19

received ^[4] - 12:19,
 25:16, 26:4, 26:14
recently ^[1] - 14:23
recollection ^[1] -
 92:16
record ^[17] - 4:11,
 4:16, 5:10, 7:6, 17:8,
 17:14, 18:1, 28:9,
 28:19, 34:13, 34:15,
 34:20, 35:12, 42:9,
 43:23, 48:24, 49:6
records ^[5] - 9:5,
 21:18, 94:1, 111:22
recover ^[1] - 59:8
recovered ^[9] -
 42:22, 43:16, 44:14,
 54:5, 55:11, 64:9,
 65:14, 66:6, 67:7
recovery ^[1] - 55:15
recreate ^[1] - 94:12
red ^[3] - 70:6, 74:3,
 74:13
reduced ^[2] - 125:16,
 125:18
refer ^[6] - 14:5, 14:7,
 28:10, 40:14, 95:17,
 95:21
reference ^[2] - 6:12,
 10:10
referenced ^[1] - 77:4
referred ^[2] - 35:6,
 112:3
referring ^[5] - 20:1,
 28:8, 32:20, 80:1,
 122:15
refers ^[1] - 107:2
reflect ^[5] - 4:16,
 21:16, 34:20, 43:23,
 49:6
reflected ^[1] - 116:5
reflects ^[2] - 18:24,
 78:16
refresh ^[1] - 6:13
regard ^[1] - 96:13
regarding ^[2] -
 15:16, 93:1
regards ^[1] - 98:17
regular ^[1] - 19:15
REICH ^[83] - 2:8, 4:6,
 4:8, 4:16, 4:20, 5:8,
 9:21, 11:16, 15:12,
 16:1, 17:6, 17:13,
 17:22, 17:24, 18:3,
 33:12, 33:19, 34:18,
 34:20, 35:1, 39:5,
 43:23, 44:2, 47:10,
 47:13, 47:19, 49:6,
 49:10, 63:18, 63:20,
 65:17, 68:20, 69:2,
 69:11, 69:22, 85:16,

85:20, 86:5, 87:17,
 92:5, 96:20, 97:9,
 98:1, 98:6, 99:2, 99:7,
 99:23, 100:3, 100:11,
 101:1, 101:5, 101:20,
 102:1, 102:11,
 102:16, 102:24,
 103:5, 103:14,
 103:18, 104:8, 105:3,
 105:18, 106:16,
 107:19, 108:12,
 109:2, 110:2, 110:15,
 110:18, 110:23,
 111:16, 113:5,
 113:13, 113:21,
 114:1, 115:16,
 115:18, 120:20,
 121:10, 121:13,
 122:11, 123:5, 125:23
Reich ^[3] - 3:6, 3:8,
 4:8
related ^[5] - 9:5,
 80:14, 80:15, 110:9,
 126:4
relative ^[6] - 40:3,
 40:20, 81:11, 81:17,
 82:24, 113:15
relatively ^[2] - 87:22,
 104:24
remained ^[1] - 107:9
remember ^[4] -
 22:13, 69:17, 101:8,
 120:5
remembering ^[1] -
 92:18
remove ^[2] - 88:11,
 89:5
removed ^[1] - 121:1
removes ^[1] - 22:22
RENEE ^[1] - 126:17
Renee ^[2] - 1:16,
 125:3
rephrase ^[2] - 6:21,
 83:8
replied ^[1] - 86:19
report ^[42] - 6:13,
 16:9, 19:24, 20:5,
 20:9, 21:9, 21:12,
 21:18, 24:4, 24:10,
 25:3, 26:18, 27:19,
 29:18, 31:13, 31:18,
 34:22, 39:6, 44:1,
 44:4, 46:21, 47:1,
 49:21, 74:17, 75:15,
 79:8, 84:2, 84:23,
 85:1, 85:6, 92:23,
 93:24, 95:18, 108:4,
 108:17, 108:23,
 109:4, 109:9, 110:8,
 112:2, 114:16, 120:13
reported ^[3] - 26:20,
 108:18, 116:11
Reporter ^[2] - 1:17,
 125:4
reports ^[1] - 16:4
represent ^[1] - 4:9
reproduced ^[1] -
 126:10
requires ^[1] - 88:14
reserve ^[2] - 123:7,
 123:8
residence ^[1] - 121:2
resident ^[4] - 7:18,
 8:11, 11:8, 23:1
residents ^[3] - 9:6,
 10:22, 10:23
residue ^[2] - 90:8,
 119:10
respect ^[5] - 16:4,
 28:22, 30:6, 100:19,
 114:16
responsibilities ^[2] -
 9:3, 10:6
responsibility ^[1] -
 126:9
rest ^[3] - 107:10,
 110:7, 110:9
restate ^[1] - 88:1
restoration ^[1] - 76:9
result ^[1] - 120:9
resume ^[1] - 10:3
retained ^[5] - 14:18,
 15:4, 75:21, 78:1,
 78:6
retroperitoneal ^[2] -
 48:12, 50:18
reveals ^[16] - 31:11,
 37:22, 43:7, 45:22,
 48:20, 51:18, 52:16,
 54:13, 56:22, 58:21,
 62:7, 64:17, 66:16,
 68:11, 71:6, 72:21
Review ^[2] - 23:8,
 23:17
review ^[7] - 15:15,
 16:2, 20:19, 21:20,
 23:4, 24:15, 116:17
reviewed ^[2] - 92:23,
 112:23
reviewing ^[4] - 9:4,
 16:6, 39:6, 79:7
reviews ^[1] - 75:16
revise ^[1] - 80:10
rib ^[12] - 31:7, 43:1,
 48:13, 56:18, 61:20,
 66:12, 76:20, 87:2,
 106:23, 107:14,
 107:16, 107:17
ribs ^[15] - 30:22,
 36:21, 36:24, 42:2,

42:18, 42:20, 44:8,
46:14, 48:9, 50:8,
56:5, 61:16, 61:17,
66:5, 95:9
rightward [1] - 72:19
rips [1] - 95:7
Road [1] - 2:3
room [3] - 23:23,
23:24, 108:15
roughly [1] - 7:10
round [13] - 30:15,
35:5, 42:13, 45:9,
48:2, 51:4, 53:19,
57:21, 61:11, 64:1,
65:22, 70:17, 72:6
rounder [1] - 35:5
routinely [1] - 78:18
RUBA [1] - 1:5
Rubens [1] - 4:14
RUBENS [19] - 2:14,
4:14, 11:12, 33:8,
33:14, 33:17, 34:13,
47:1, 47:4, 47:7,
68:18, 69:10, 69:18,
97:3, 97:6, 113:23,
121:12, 122:12, 126:1
rule [1] - 110:11
ruler [1] - 33:24
Rules [2] - 1:17, 5:3
rules [1] - 5:23
Rush [1] - 11:7

S

sac [1] - 42:18
safe [1] - 117:14
SAITH [1] - 123:9
sake [1] - 116:22
sample [1] - 77:10
saturated [1] -
114:14
scabbing [2] -
105:24, 106:10
scarf [1] - 26:4
scars [2] - 28:11,
29:7
scene [2] - 94:12,
112:23
school [1] - 7:15
Sciences [1] - 11:22
scrape [1] - 35:9
scrapping [1] - 35:10
scratch [4] - 35:9,
38:16, 53:10, 74:15
scratches [2] -
38:21, 39:1
scratching [5] -
35:23, 40:15, 53:11,
70:3, 74:7

search [1] - 49:1
second [2] - 47:11,
78:23
second-to-last [1] -
47:11
section [2] - 76:21,
78:7
see [24] - 10:17,
30:8, 35:24, 36:7,
39:3, 52:19, 61:3,
63:6, 73:5, 73:12,
73:14, 78:17, 82:14,
82:15, 83:10, 83:22,
86:17, 87:7, 90:17,
90:20, 92:10, 92:14,
109:17, 117:10
seek [2] - 94:23,
95:10
seeking [8] - 97:22,
98:24, 99:19, 100:22,
101:17, 102:9,
102:22, 103:11
select [1] - 122:20
SENIOR [1] - 2:13
sense [2] - 31:19,
44:20
sentence [6] - 25:16,
37:20, 47:8, 47:11,
50:11, 110:4
separate [4] - 79:10,
80:7, 80:15, 105:17
separately [1] -
25:19
sequence [1] - 32:5
series [2] - 95:24,
96:12
serious [1] - 122:10
set [2] - 17:21,
126:12
sets [1] - 18:24
several [11] - 10:9,
25:23, 31:14, 39:21,
81:7, 81:8, 81:18,
93:3, 107:15, 120:13,
121:7
shatter [1] - 107:7
sheet [2] - 84:16,
118:6
sheet(s) [1] - 124:10
sheet(s) [1] - 124:8
sheets [1] - 85:8
shirt [12] - 26:5,
118:12, 118:14,
118:16, 118:18,
118:19, 118:22,
118:24, 119:2, 119:3
shooter [2] - 83:23,
86:18
shooting [4] - 80:22,
81:5, 96:4, 121:2

shootings [1] - 23:3
shoots [1] - 86:21
shored [5] - 56:10,
58:12, 62:1, 68:3,
72:14
short [5] - 47:17,
85:18, 104:24, 105:6,
118:18
short-sleeved [1] -
118:18
shorthand [1] -
125:17
Shorthand [2] - 1:17,
125:4
shot [20] - 41:9, 44:7,
44:17, 46:9, 46:20,
50:1, 60:21, 62:19,
64:19, 66:19, 69:16,
82:19, 85:24, 91:24,
110:22, 114:3, 115:5,
115:10, 120:10
shots [2] - 86:3,
106:13
show [4] - 32:11,
89:24, 112:6, 112:14
showing [1] - 118:17
shows [4] - 62:12,
62:13, 71:16, 76:11
side [50] - 30:12,
30:23, 33:1, 36:18,
36:21, 37:11, 42:10,
42:20, 42:22, 44:7,
44:9, 45:6, 45:16,
46:9, 47:23, 48:8,
48:15, 51:1, 51:9,
51:10, 51:12, 52:10,
53:16, 54:2, 55:20,
56:4, 56:7, 57:18,
58:3, 60:15, 61:8,
61:22, 63:5, 63:11,
63:22, 64:6, 65:12,
65:19, 66:3, 67:14,
67:22, 67:24, 75:9,
76:14, 76:16, 81:10,
81:21, 114:23
sides [1] - 45:15
sign [2] - 21:21,
27:12
signature [6] - 21:13,
109:16, 109:20,
123:7, 126:13
signed [1] - 126:8
significant [3] - 77:9,
91:9, 119:13
significantly [1] -
95:6
similar [1] - 52:5
single [1] - 117:8
site [2] - 35:8, 55:15
sits [1] - 37:13

six [1] - 26:20
skeleton [2] - 27:7,
75:19
skin [44] - 30:20,
31:10, 35:8, 35:10,
37:21, 38:12, 38:17,
38:22, 39:1, 42:17,
43:6, 45:13, 45:21,
46:13, 48:6, 48:19,
51:17, 52:15, 53:10,
53:24, 54:13, 56:3,
56:21, 58:2, 58:18,
58:20, 61:15, 62:6,
64:5, 64:16, 66:2,
66:15, 67:21, 68:10,
70:22, 71:5, 72:10,
72:20, 90:8, 90:17,
90:20, 91:17, 91:19
skip [1] - 101:13
sleeved [1] - 118:18
sleeveless [5] - 26:5,
118:14, 118:16,
118:19, 119:3
Sleeveless [1] -
119:2
slight [1] - 37:17
slightly [4] - 37:12,
68:9, 71:4, 72:19
small [6] - 54:2, 55:5,
64:6, 66:4, 70:3,
76:16
so.. [4] - 29:18,
82:17, 114:15, 118:1
soaked [1] - 119:5
soft [3] - 50:20, 59:3,
91:21
someone [9] - 23:21,
87:14, 89:11, 90:16,
91:24, 105:20, 114:3,
115:10, 117:15
Sometimes [2] -
91:15, 91:20
somewhere [9] -
20:18, 34:3, 63:14,
63:15, 67:4, 71:9,
87:3, 104:1, 109:15
soon [3] - 20:8,
95:15, 95:16
soot [5] - 38:1, 38:5,
38:8, 39:8, 92:15
Sorry [8] - 11:4,
15:11, 22:11, 49:4,
68:22, 69:8, 69:13,
69:17
sorry [13] - 19:4,
35:12, 37:3, 38:20,
46:19, 46:22, 47:5,
68:16, 69:14, 71:24,
73:20, 97:3, 118:15
sound [1] - 11:12

sounds [1] - 106:8
South [1] - 2:3
speaking [2] - 22:17,
94:22
special [1] - 1:5
specialized [1] -
13:21
specific [10] - 14:3,
25:14, 41:8, 80:23,
82:23, 87:19, 91:14,
105:19, 113:7, 122:9
specifically [1] -
23:5
specify [1] - 92:7
speck [1] - 39:4
speculation [15] -
92:6, 97:10, 98:7,
99:3, 99:7, 100:13,
102:1, 104:9, 105:4,
106:16, 109:2, 110:2,
110:16, 113:6, 113:13
spell [1] - 5:9
spelling [1] - 18:8
SS [1] - 125:1
St [1] - 7:14
stamp [1] - 20:2
stamped [2] - 18:2,
18:7
standard [4] - 24:7,
75:9, 78:4, 78:6
standing [2] - 81:1,
115:10
Stanek [3] - 108:23,
108:24, 110:1
start [7] - 24:3, 25:2,
31:22, 43:13, 88:19,
89:1, 106:11
started [2] - 10:4,
15:14
Starting [1] - 25:4
starting [1] - 106:2
starts [3] - 59:4,
105:21, 105:23
state [4] - 5:9, 12:9,
12:12, 93:17
STATE [1] - 125:1
State [2] - 12:4,
125:5
State's [2] - 15:5,
15:6
states [1] - 37:20
STATES [1] - 1:3
States [1] - 1:18
stationary [8] -
81:12, 81:13, 81:18,
83:24, 86:18, 86:21,
87:6, 87:7
stayed [1] - 8:22
stenographic [1] -
125:18

still [9] - 10:12,
28:13, 37:17, 39:3,
44:11, 71:11, 90:17,
90:20, 104:19
stippling [7] - 38:1,
38:5, 38:17, 39:8,
90:11, 90:20, 92:15
Stippling [1] - 38:14
storage [1] - 88:17
straight [4] - 73:2,
83:22, 86:24, 87:5
straighter [3] -
86:17, 87:7, 87:11
Strawn [1] - 5:12
STRAWN [7] - 1:15,
3:3, 5:4, 5:13, 124:14,
125:9, 125:12
Street [4] - 1:20, 2:8,
2:14, 125:7
stretcher [1] - 26:1
Strike [1] - 37:3
strike [2] - 83:8,
87:13
striking [1] - 42:1
student [2] - 23:2,
89:9
study [1] - 8:1
subcutaneous [16] -
30:20, 42:17, 45:13,
48:6, 51:8, 52:6,
53:24, 56:3, 58:2,
58:18, 61:15, 64:5,
66:2, 67:21, 70:22,
72:10
submit [1] - 42:2
submitted [1] - 78:10
subpoena [2] - 5:1
subscribe [1] - 124:4
Subscribed [1] -
124:19
subset [1] - 8:7
substantial [1] -
113:20
suggest [4] - 34:5,
96:4, 103:21, 112:17
suggestion [2] -
33:4, 33:6
suit [1] - 126:4
Suite [5] - 1:20, 2:3,
2:9, 2:15, 125:7
summary [1] -
109:21
summer [1] - 8:23
superficial [5] -
46:10, 52:7, 52:14,
59:6, 94:24
supervising [2] - 9:9,
9:18
Supervision [2] -
11:10, 11:11

SURA [1] - 1:7
surface [3] - 38:17,
38:21, 53:10
surprises [1] - 85:1
surrounding [3] -
30:17, 36:2, 38:2
survived [11] - 97:2,
97:8, 98:4, 99:5,
100:2, 100:9, 101:3,
101:23, 102:14,
103:3, 103:17
SUSAN [1] - 1:6
suspect [1] - 113:9
sustained [3] -
113:2, 113:12, 113:18
swelling [1] - 78:24
swells [1] - 108:1
switch [1] - 68:17
sworn [4] - 4:5, 5:6,
124:19, 125:13
system [2] - 77:22,
88:7

T

T-shirt [3] - 26:5,
118:14, 118:24
tag [6] - 18:7, 18:9,
18:14, 18:16, 18:24,
90:4
tank [1] - 118:20
tape [1] - 20:22
target [6] - 83:23,
86:18, 86:23, 86:24,
87:3, 87:7
tattoo [5] - 28:6, 28:9,
28:23, 29:3, 29:6
tatoos [3] - 28:2,
28:11, 28:22
tattoos [2] - 27:21,
29:7
teaching [1] - 9:6
tech [3] - 89:20,
89:21, 89:22
technically [3] -
11:5, 37:14, 94:22
technician [2] -
22:17, 24:20
telephone [2] -
108:7, 108:20
ten [1] - 92:3
tendons [1] - 70:23
terminated [1] -
12:21
terms [20] - 14:5,
42:1, 42:8, 43:10,
44:5, 46:7, 50:14,
56:24, 58:23, 58:24,
74:17, 86:11, 90:6,
95:23, 106:18, 112:3,
121:20, 121:23,
121:24, 122:20
test [1] - 15:13
testified [3] - 5:6,
14:12, 122:13
testify [1] - 125:13
testifying [1] - 9:7
testimony [4] - 6:17,
113:22, 125:15,
126:12
testing [1] - 8:5
tests [1] - 8:4
text [1] - 14:8
texts [1] - 14:4
THE [57] - 1:3, 1:3,
3:2, 4:7, 4:19, 9:19,
11:13, 34:7, 34:10,
34:16, 34:19, 38:23,
39:3, 47:3, 47:5, 47:8,
49:9, 63:19, 65:13,
68:22, 68:24, 69:8,
69:20, 87:19, 92:7,
97:5, 97:11, 98:2,
98:9, 99:8, 100:4,
100:14, 101:6, 102:2,
102:12, 102:17,
103:1, 103:6, 103:19,
104:10, 105:5,
105:19, 107:20,
108:13, 109:3,
109:11, 110:4, 110:7,
110:17, 110:24,
111:17, 113:7,
113:14, 114:2,
121:15, 122:14, 123:8
themselves [5] -
40:13, 50:10, 100:15,
121:17, 121:18
Theoretically [2] -
101:6, 103:19
theoretically [3] -
86:22, 90:18, 90:21
theory [1] - 102:2
thereafter [1] - 20:8
therefore [1] - 39:11
thereof [1] - 126:5
thick [1] - 90:23
thigh [6] - 54:4, 54:6,
55:16, 74:12, 74:15,
76:15
THOMAS [1] - 1:12
thoracic [2] - 56:6,
57:10
three [5] - 23:24,
27:23, 28:2, 80:18,
117:8
throughout [2] -
24:2, 31:5
thyroid [3] - 30:22,

36:20, 41:21
timely [2] - 95:11,
95:14
tiny [1] - 38:24
tissue [3] - 50:20,
52:7, 77:11
Tissue [1] - 46:14
tissues [19] - 30:20,
36:15, 41:12, 42:17,
45:14, 48:7, 51:8,
54:1, 56:3, 58:2,
58:18, 59:3, 61:15,
64:5, 66:2, 67:21,
70:22, 72:10, 91:21
title [1] - 8:24
today [6] - 16:7,
28:13, 92:20, 93:2,
93:4, 93:7
toe [2] - 31:21, 31:23
together [3] - 100:8,
100:10, 122:3
took [4] - 18:4, 21:1,
25:5, 77:10
top [38] - 13:5, 30:13,
30:24, 40:5, 40:6,
42:11, 42:23, 45:7,
45:17, 47:24, 48:16,
51:2, 51:13, 52:11,
52:19, 53:17, 54:7,
55:21, 56:8, 57:19,
58:5, 58:11, 61:9,
61:23, 63:23, 64:11,
65:20, 66:7, 67:15,
68:1, 70:17, 71:1,
72:5, 72:13, 73:15,
74:1, 109:5, 118:20
torn [1] - 35:21
total [3] - 9:20,
80:18, 106:13
touch [2] - 13:7,
89:20
touching [1] - 91:15
toward [5] - 37:14,
40:9, 45:1, 110:12,
110:14
towards [3] - 40:17,
83:2, 83:3
tox [2] - 77:16, 77:19
toxicology [2] -
77:14, 77:15
tracheobronchial [1]
- 31:5
track [1] - 36:11
trained [3] - 7:18,
10:22, 11:2
training [3] - 11:14,
13:21, 13:24
trajectories [8] -
81:3, 82:4, 82:16,
83:7, 83:10, 83:11,

83:23, 86:17
trajectory [2] - 57:13,
115:1
transcribed [1] -
21:20
transcript [2] -
124:2, 124:6
transcription [2] -
20:18, 84:24
transcripts [1] -
126:9
translate [1] - 93:10
transported [1] -
96:9
transposed [1] -
68:16
trauma [1] - 91:20
traumatic [1] -
108:14
travel [2] - 87:12,
87:15
traveled [1] - 83:3
traveling [4] - 41:16,
81:8, 83:17, 91:17
travels [1] - 95:8
treated [1] - 112:19
treatment [12] -
74:23, 94:24, 95:10,
96:18, 97:22, 98:24,
99:20, 100:22,
101:17, 102:9,
102:22, 103:11
tree [1] - 31:5
trial [1] - 13:8
true [6] - 16:24, 22:3,
33:16, 87:4, 114:9,
124:5
truth [3] - 125:13,
125:14
try [1] - 75:11
Try [1] - 52:21
trying [3] - 109:17,
110:21, 111:13
tube [2] - 75:7, 76:12
tubes [1] - 75:3
turn [1] - 57:17
turned [1] - 21:18
turning [5] - 81:20,
81:23, 117:19, 118:2
Two [1] - 117:7
two [19] - 10:24,
18:24, 23:24, 26:24,
28:22, 30:9, 34:17,
36:8, 36:10, 46:3,
49:14, 79:21, 79:22,
80:5, 90:7, 92:1,
106:4, 109:11, 118:15
type [1] - 41:6
typed [1] - 84:24
types [1] - 20:15

typewriting ^[1] -
125:19

typewritten ^[1] -
126:8
typical ^[1] - 38:2
typically ^[11] - 14:7,
20:11, 23:7, 35:4,
38:12, 38:18, 73:5,
83:10, 83:13, 84:18

U

U.S ^[1] - 4:22
ulna ^[3] - 72:12,
72:18, 76:19
unburned ^[1] - 38:23
unclothed ^[2] -
25:17, 25:23
Under ^[1] - 28:1
under ^[8] - 11:8,
28:11, 29:7, 30:10,
46:13, 78:20, 84:3,
126:11
undergoing ^[1] -
96:17
undergrad ^[1] - 7:12
underneath ^[1] -
85:2
Understood ^[4] -
9:22, 29:19, 29:21,
37:19
underwear ^[1] - 26:6
UNITED ^[1] - 1:3
United ^[1] - 1:18
University ^[4] - 7:13,
7:14, 8:11, 11:7
unless ^[1] - 95:10
unusual ^[1] - 120:17
up ^[17] - 7:17, 15:9,
20:15, 32:21, 33:2,
34:6, 35:13, 35:24,
57:6, 59:21, 62:13,
67:4, 76:23, 85:9,
88:12, 105:13, 109:5
upper ^[17] - 24:13,
28:3, 28:4, 28:5, 32:1,
32:24, 36:21, 40:4,
51:12, 55:20, 56:5,
58:10, 58:19, 61:16,
72:13, 76:6, 76:13
ups ^[2] - 71:8,
115:16
upward ^[9] - 43:6,
48:19, 51:17, 58:20,
62:6, 66:14, 68:9,
71:4, 72:19
utility ^[1] - 75:19

V

vague ^[1] - 114:1
valuables ^[1] -
117:14
variable ^[1] - 83:16
varies ^[3] - 20:13,
20:14, 22:18
vascular ^[2] - 62:23,
67:1
vast ^[1] - 14:17
vein ^[3] - 30:21,
36:18, 41:6
ventricle ^[1] - 42:19
verbal ^[1] - 6:4
vertex ^[2] - 40:8,
40:18
vessel ^[1] - 95:6
vessels ^[1] - 95:5
villain ^[2] - 28:16,
28:17
villian ^[1] - 28:15
Vincent ^[1] - 14:7
visible ^[3] - 32:19,
32:24, 88:9
visually ^[1] - 106:1
vitae ^[1] - 7:8
vitals ^[1] - 121:3
vs ^[1] - 1:9

W

waive ^[1] - 123:7
walk ^[1] - 88:2
wall ^[1] - 42:19
WAS ^[1] - 4:1
watch ^[1] - 89:17
weapon ^[16] - 81:11,
81:12, 81:13, 81:18,
83:1, 83:2, 83:3, 83:5,
86:21, 87:6, 91:2,
91:6, 92:1, 92:2,
92:11, 93:15
wearing ^[2] - 90:14,
114:13
weeks ^[1] - 93:3
weighed ^[1] - 88:13
weighing ^[1] - 26:19
WERE ^[3] - 15:20,
17:9, 112:9
Wheaton ^[1] - 10:1
whereof ^[1] - 126:12
WHEREUPON ^[4] -
4:1, 15:20, 17:9,
112:9
white ^[8] - 26:5, 26:7,
26:19, 116:24, 117:3,
117:5

White ^[1] - 117:4
whole ^[3] - 81:6,
122:2, 125:13
width ^[1] - 40:13
wiggle ^[1] - 27:11
window ^[1] - 105:7
windpipe ^[1] - 36:19
witness ^[8] - 4:5, 5:5,
34:21, 43:24, 49:7,
125:9, 125:11, 125:17
Witness ^[10] - 34:19,
43:22, 46:2, 46:5,
51:24, 53:3, 59:24,
61:2, 61:6, 62:11
WITNESS ^[55] - 3:2,
4:7, 4:19, 9:19, 11:13,
34:7, 34:10, 34:16,
34:19, 38:23, 39:3,
47:3, 47:5, 47:8, 49:9,
63:19, 65:13, 68:22,
68:24, 69:8, 69:20,
87:19, 92:7, 97:5,
97:11, 98:2, 98:9,
99:8, 100:4, 100:14,
101:6, 102:2, 102:12,
102:17, 103:1, 103:6,
103:19, 104:10,
105:5, 105:19,
107:20, 108:13,
109:3, 109:11, 110:4,
110:7, 110:17,
110:24, 111:17,
113:7, 113:14, 114:2,
121:15, 122:14, 123:8
Wolf ^[1] - 2:3
word ^[13] - 28:3,
28:5, 28:6, 28:9,
28:14, 28:15, 28:24,
29:2, 29:10, 33:18,
117:2, 122:15, 122:16
wording ^[1] - 122:14
wound ^[160] - 30:15,
30:17, 30:19, 30:23,
31:2, 31:3, 31:9,
31:11, 32:12, 32:23,
35:3, 35:14, 35:23,
36:2, 36:4, 36:5,
36:11, 37:4, 37:21,
38:2, 39:22, 40:2,
40:4, 41:5, 42:13,
42:15, 42:16, 42:24,
43:5, 43:7, 43:24,
44:6, 44:21, 45:9,
45:11, 45:13, 45:15,
45:19, 45:20, 45:22,
46:8, 46:20, 48:2,
48:5, 48:6, 48:9,
48:15, 48:18, 48:20,
49:7, 50:12, 51:4,
51:7, 51:11, 51:15,

51:16, 51:18, 52:1,
52:13, 52:14, 52:16,
53:6, 53:19, 53:21,
53:24, 54:8, 54:11,
54:13, 54:15, 54:16,
55:23, 56:2, 56:6,
56:10, 56:12, 56:15,
56:20, 56:22, 57:13,
57:21, 57:23, 58:1,
58:4, 58:7, 58:9,
58:12, 58:15, 58:17,
58:19, 58:21, 59:1,
59:15, 61:11, 61:13,
61:14, 61:17, 61:21,
62:1, 62:4, 62:7, 64:1,
64:3, 64:4, 64:12,
64:15, 64:17, 65:22,
65:24, 66:1, 66:9,
66:13, 66:15, 67:17,
67:19, 67:20, 67:23,
68:3, 68:6, 68:8,
68:10, 70:18, 70:20,
70:21, 70:24, 71:2,
71:3, 71:5, 72:6, 72:8,
72:9, 72:12, 72:15,
72:16, 72:18, 72:20,
73:6, 75:10, 79:13,
80:11, 80:14, 83:13,
91:11, 92:11, 92:13,
94:15, 94:16, 94:20,
94:23, 94:24, 96:14,
98:4, 114:23, 114:24,
115:7, 122:8, 122:24
wounded ^[1] - 120:9
wounds ^[38] - 13:18,
14:5, 31:20, 39:9,
39:15, 40:1, 48:24,
57:2, 59:17, 78:22,
79:6, 79:22, 82:17,
91:1, 91:5, 91:8, 93:8,
94:10, 100:7, 100:9,
103:23, 104:22,
105:1, 105:16,
107:15, 113:1,
113:11, 113:19,
114:12, 120:2,
120:18, 121:7, 121:8,
121:21, 121:24,
122:6, 123:1
Wounds ^[1] - 14:10
wrist ^[2] - 70:4, 70:6
write ^[10] - 33:17,
33:22, 34:2, 34:3,
34:5, 34:7, 43:20,
53:1, 85:9, 101:9
writing ^[2] - 73:21,
125:16
written ^[4] - 9:8,
13:3, 34:21, 92:23
wrongful ^[1] - 84:9

wrote ^[1] - 109:17

X

x-ray ^[2] - 24:20,
89:22
x-rays ^[9] - 24:6,
24:12, 24:15, 75:13,
75:17, 75:20, 76:4,
88:14, 106:18

Y

year ^[5] - 7:22, 8:17,
8:19, 8:20, 14:24
years ^[2] - 10:24,
26:21